

Wortley
Rural District Council



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1951



Wortley
Rural District Council



ANNUAL REPORT


OF THE

Medical Officer of Health

FOR THE YEAR

1951





Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30296791>

WORTLEY RURAL DISTRICT COUNCIL.

PUBLIC HEALTH COMMITTEE, 1951.

Councillor F. KNOTT (*Chairman*).

- „ Mrs. E. MARTIN (*Vice-Chairman*).
- „ H. G. BROOK, J.P. (*Chairman of the Council*).
- „ G. BARROTT.
- „ H. COOPER.
- „ C. DEWSBURY.
- „ J. HIND.
- „ E. A. W. JONES.
- „ A. LOMAS.
- „ Mrs. E. RATCLIFFE, c.c.
- „ F. H. SHERWIN.
- „ W. THORNE.
- „ Mrs. B. E. WALKER.
- „ S. C. WINKS.

STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health :

J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H.

Deputy Medical Officer of Health :

J. McA. TAGGART, M.B., B.Ch., B.A.O., D.P.H., D.P.A.
(Resigned 31/12/51).

Sanitary Inspectors :

L. VICKERS, M.S.I.A., A.M. Inst. P.C., R.S.I. Certs., F.I. & Smoke.

G. BENNETT, M.S.I.A., Cert. M. & F.I.

E. FROST, M.S.I.A., Cert. M. & F.I.

Departmental Clerk :

Miss A. TURNER.

WORTLEY RURAL DISTRICT COUNCIL.

Annual Report of the Medical Officer of Health for 1951.

To the Chairman and Members of the Wortley Rural
District Council.

Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services for the Wortley Rural District for the year ending 31st December, 1951.

The Ministry of Health suggested that Medical Officers of Health should prepare their Annual Reports for 1951 on similar lines to the one prepared for 1950. As is usual, the Minister asks for particular information to be given in the Report concerning matters which are of particular importance at the present moment. In this Report such information is requested concerning the services provided under Part III of the National Health Service Act, 1946. These services are provided by the Local Health Authority which, as you know, is the West Riding County Council. You are fully conversant with the Divisional Scheme of Preventive Medical Services in the West Riding, where the Divisional Medical Officer is locally responsible for the administration of these services within his Division, he, in turn, being responsible to the County Medical Officer. At the same time, the Divisional Medical Officer is the Medical Officer of Health for each of the constituent District Councils forming the Division. Towards the end of the Report I have commented briefly on some of the Part III services and how your district is served by them.

Other matters which require particular reference in the Report are Water Supplies, Sewerage and Sewage Disposal and the Clean Food Campaign, and these subjects are fully dealt with in the Report.

In my Report for 1950 I commented upon the fact that there had been a considerable increase in the population of the Wortley Rural District during the past four years because of the creation of the Colley Estate. I further stated that I was rather apprehensive as to the ability of the staff to deal with this increased population, having in mind the fact that the establishment was the same as at the inauguration of the Divisional Scheme. I am glad to say that there has been a re-organisation of the staffing, particularly of the Nursing section, and extra staff will be available in the near future to cover the needs of this increased population. In that part of the district where there has been the greatest increase in the population, namely the Colley Ward, it must be remembered that the population in the main is of that age when one might expect to see a fairly large number of young persons in comparison to the population of the district as a whole. Consequently, there is very much more Health Visiting required. You are aware also that in 1950 a doubt existed as to the future of this part of your district. Would it be swallowed up by its neighbouring County Borough, or would it be left as an integral part of the Wortley Rural District, with the continuing responsibility of the Local Health Authority for the provision of those Part III services?

One factor which did cause some concern was the inadequacy of Clinic accommodation. The Clinic at the Gatty Memorial Hall was the only one to cater for the needs of a population of nigh on 12,000. There was no other building available that could be utilised for the purpose of a Clinic. The West Riding County Council recognised the situation as being one requiring special consideration, and I understand, at the time of preparation of this Report, that discussions are going on between the West Riding County Council and the Ministry for approval to build a permanent Multiple Clinic on the Estate.

So far as Midwifery and General Nursing services are concerned, the district is pretty well covered. A curious feature of the Home Nursing Service in the Ecclesfield and Colley districts is the comparative lack of demand on the Home Nursing Services by the General Medical Practitioners and the people generally. The Local Health Authority has provided highly trained Nursing personnel to give a service in the home which is as near as possible comparable to the Nursing service provided in Hospital. These Nurses are mobile and fully equipped. In a later part of the Report I have given some details of the Midwifery and Home Nursing Service operating within the Wortley Rural District as a whole.

On studying the statistics for the year 1951, one cannot report too favourably upon them. The Birth Rate has fallen, the Death Rate and the Still-Birth Rate have risen. The only favourable trend is the slight fall in the Infantile Mortality Rate which, at 32 per 1,000 related live births, is still far too high. It is higher than the rate for England and Wales, the West Riding Administrative County as a whole, and the average for the five District Councils comprising Division 22. The Birth Rate has continued to fall, and at 15·2 per 1,000 (corrected rate) of the civilian population it is lower than that for England and Wales, the Administrative County of the West Riding, the aggregate of Rural Districts within the West Riding, and the average of the District Councils comprising Division 22. The Still-Birth Rate has gone up slightly, but it can be compared favourably with that for the rest of the country generally. The Death Rate, 9·21 per 1,000 of the civilian population, is a reasonably good rate when it is compared with 12·5 for England and Wales, 12·7 for the Administrative County of the West Riding, and 10·7 for the aggregate of Rural Districts within the West Riding. It is lower than the average for the District Councils comprising Division 22. In fact, it is the lowest Death Rate of the five such District Councils. As in recent previous years, the Registrar General has provided a comparability factor, 1·04, and this factor, when applied to the Crude Death Rate, gives a final corrected Death Rate of 9·5.

Studying the table indicating the principal causes of death, one sees that malignant diseases accounted for 63 deaths, whilst heart disease and diseases of the circulatory system generally accounted for 145 deaths, approximately one third of the total. Slightly more than 5 in every 8 deaths occurred in the 65 and over age group.

I think that the Infantile Mortality Rate is worth close examination. To me such a rate can indicate the trend of the state of the health of the district. Admittedly, when we deal with one single district we are dealing with numbers which are relatively small, but the statistics are interesting nevertheless. The Infantile Mortality Rate for the country has continued to fall steadily until, this year, for the first time in the country's history, that rate has fallen below 30—to be precise, 29·9. On looking through the records for the Wortley Rural District we can see that this figure has been bettered twice within recent years, namely in 1948 and 1941. Nevertheless, if one were to graph the rates for the Wortley Rural District, one would observe over the years a steady fall, which it is hoped will continue until a rate of about 20 is obtained. On looking at the table which gives the age distribution and cause of infantile deaths, one sees that half the number of deaths occurred in the first week of life. Of this number, 4 were as a result of premature birth, 4 as a result of congenital diseases and birth injuries, and 2 accidental. On studying the figures further, one sees that 11 deaths were due to eminently preventable conditions, namely infections of the respiratory tract, and accidents. Three of the latter infantile deaths were due to the children

inhaling vomited matter, whilst the other two were the result of asphyxia due to smothering and congenital weakness of the lungs respectively. It is sad to have to report that 5 infants, before they reached the age of 6 months, suffered accidental deaths. At the same time there is no excuse whatever, in my opinion, why 6 children should die before the age of one year because they have fallen victims to infections of the upper respiratory tract. The delicate lining of the breathing passages of the infant are most vulnerable to the attack of the organisms of upper respiratory infection, e.g., organisms of Common Cold, Influenza, etc. If only mothers of small infants would learn this fact and keep it ever before them, they would make sure that whenever an infected person was in the vicinity, the baby at least would be guarded against the source of infection. I rather think that the degree of love and affection shown to an infant is erroneously judged by the amount of fondling that the child receives and, therefore, there is the tendency for it to be overdone and no thought given to the danger to the child. The young Mother who does not allow her baby to be fondled by admiring friends is not inconsiderate of them, but most anxious about the welfare of the baby.

Congenital conditions and birth injuries accounted for 6 infantile deaths, and here again one is ever mindful of the great need there is for expectant Mothers to have Ante-Natal care. I have no doubt that many birth injuries could be avoided if adequate Ante-Natal care was obtained by the expectant Mother. It is the duty of every expectant Mother to see that she obtains this care, and to keep up regular attendances at her Ante-Natal Clinic, or the appropriate consulting hours of her General Practitioner whom she has booked to attend her in her forthcoming confinement.

That part of the Report which deals with Sanitary Circumstances, and which has been prepared by Mr. Vickers, your Chief Sanitary Inspector, describes those details required by the Ministry in this Report. I refer to Water Supplies, Sewerage and Sewage Disposal, and Food Handling. I think that you, as a Council, ought to be congratulated on the services which you have provided. In a district with a population of over 45,000, and with over 12,500 houses, all but a little over 3% of those houses are supplied with water from a main supply. At the same time, all but 10% of those dwellings are sewered to public sewers, and those not so sewered are situated in parts of the district where no sewer is available, nor can be made available. It is worth while commenting on the water supplies, particularly the one from Hallbroom. Approximately 1,324 dwelling-houses are supplied from Hallbroom, which supply of recent months has been giving us some concern. Bacteriological reports of some samples sent to the Laboratory indicated that there was pollution, and at the time of writing this Report this pollution was still persistent, irrespective of

every effort having been taken to find the source of the pollution. It is evident that progress in the installation of a Chlorination Plant at these Works is an urgent necessity. With regard to the High Bradfield supply, one is still anxious about the danger of pollution. The efforts to safeguard this supply temporarily are reasonably successful. It is to be hoped that the progress in the installation of a supply from the Sheffield Corporation to this hamlet will be speeded up, for there is no guarantee that the temporary measures taken to protect the supply can be maintained. It is also encouraging to note from this part of the Report that rapid progress has been made with the sweeping away of Privy Middens and the conversion of these potential insanitary affairs into Water Closets. At the end of the year there only remained about 20 to be converted, after which we shall be able to say that all Privies that it is possible to convert have been so converted.

In concluding my introduction to this Report I would like to put on record my grateful thanks to the Chairman and members of the Health Committee for the sympathetic encouragement extended to me throughout the year. I would like also to offer my thanks to Mr. Kelly for his wise counsel whenever it was sought, and to the other members of the staff for their helpful co-operation. To Mr. Vickers, my Chief Sanitary Inspector, and the other members of the staff in the Health Department I would like to offer my sincere gratitude for their continued loyal and efficient service. I must also put on record my thanks to Dr. Taggart for his support throughout the year. He left on the 31st December to work in a new field of service, and I wish him well.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF.

The Wortley Rural District covers an area of 48,697 acres. The district is divided into four parishes:—Ecclesfield, Bradfield, Wortley and Tankersley. The approximate acreage and the number of houses in each is as follows:—

Parish.			Acreage.			Number of Houses.
Ecclesfield	...	...	6,147	...	...	8,659
Bradfield	...	...	35,134	...	...	3,140
Tankersley	...	...	2,436	...	...	596
Wortley ...	...	...	4,980	...	...	185
Total			48,697	12,580		

The Rateable Value of the district is £238,691, while the product of a penny rate is £952 5s. 11d. as at 1st April, 1951.

VITAL STATISTICS.

Population. The Registrar General has given his estimation of the population as 45,240. This is an increase of 1,690 compared with the 1950 figure. The total, of course, includes the population of patients and staff in the Middlewood Mental Hospital, and staff at the Wharnccliffe Hospital, which is estimated at 2,276. The nett population of the district would thus be 42,964.

Births. There were 687 live births registered in the district during 1951. Of these 354 were males and 333 females. This number is 46 more than for 1950. There were 12 illegitimate births, 8 males and 4 females.

Still-Births. During the year there were 13 still-births, 6 males and 7 females. This was 3 more than in 1950. Of this number, 1 was illegitimate — a male.

Deaths. During 1951, 417 deaths, 229 males and 188 females, were attributed to the district, 57 more than for the year 1950.

I set out below tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with those rates for other parts of the country. These show how the district compares with the country generally.

Rates per 1,000 Civilian Population.

Year	England and Wales		126 County Boroughs and Great Towns including London		148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)		London Administrative County		Wortley R. D.	
LIVE BIRTHS										
1951	...	15.5	...	17.3	...	16.7	...	17.8	...	15.2
1950	...	15.8	...	17.6	...	16.7	...	17.8	...	15.5
1949	...	16.7	...	18.7	...	18.0	...	18.5	...	16.4
1948	...	17.9	...	20.0	...	19.2	...	20.1	...	19.3
1947	...	20.5	...	23.3	...	22.2	...	22.7	...	19.7
STILL-BIRTHS										
1951	...	0.36	...	0.45	...	0.38	...	0.37	...	0.28
1950	...	0.37	...	0.45	...	0.38	...	0.36	...	0.24
1949	...	0.39	...	0.47	...	0.40	...	0.37	...	0.41
1948	...	0.42	...	0.52	...	0.43	...	0.39	...	0.26
1947	...	0.50	...	0.62	...	0.54	...	0.49	...	0.49
DEATHS (CRUDE DEATH RATES)										
1951	...	12.5	...	13.4	...	12.5	...	13.1	...	9.21
1950	...	11.6	...	12.3	...	11.6	...	11.8	...	8.7
1949	...	11.7	...	12.5	...	11.6	...	12.2	...	8.8
1948	...	10.8	...	11.6	...	10.7	...	11.6	...	8.5
1947	...	12.0	...	13.0	...	11.9	...	12.8	...	10.0

Principal Causes of Death.

INFECTIVE DISEASES.				Male	Female	Total
Tuberculosis (Respiratory)	...			7	1	8
„ (Non-Respiratory)	...			1	—	1
Meningococcal Infections	...			1	—	1
Other Infective Diseases	...			2	—	2
CANCER.						
Stomach	...	...	...	7	5	12
Lung—Bronchus	...	...	...	5	1	6
Breast	...	...	...	—	8	8
Uterus	...	...	...	—	2	2
Other Sites, including Leukæmia				23	12	35
DIABETES	...	...	...	1	2	3
VASCULAR DISEASE OF NERVOUS SYSTEM						
	...	...	...	28	30	58
CIRCULATORY SYSTEM.						
Coronary Disease	...	...	...	28	15	43
Hypertension with Heart Disease				3	2	5
Other Heart Diseases	...	...	...	29	31	60
Other Circulatory Diseases	...			18	19	37
RESPIRATORY SYSTEM.						
Pneumonia	...	...	...	9	6	15
Bronchitis	...	...	...	22	12	34
Other Respiratory Diseases	...			5	1	6
INFLUENZA	...	...	...	3	13	16
DIGESTIVE SYSTEM.						
Ulcer of Stomach and Duodenum				1	1	2
Gastritis and Enteritis	...			2	—	2
GENITO-URINARY SYSTEM.						
Nephritis and Nephrosis	...			2	2	4
MATERNAL DEATHS	...	...		—	1	1
INFANT DEATHS.						
Congenital Malformations	...			2	1	3
Premature Birth	...	...		3	1	4
Birth Injuries	...	...		2	—	2
VIOLENCE.						
Motor Vehicle Accidents	...			4	—	4
Suicide	...	...	...	2	2	4
All Other Accidents	...	...		8	6	14
OTHER DEFINED AND ILL DEFINED DISEASES						
	...	...		15	14	29

Age Distribution of Deaths.

AGE GROUP	1947		1948		1949		1950		1951	
Under 1 year	...	33	...	20	...	23	...	26	...	22
1 to 2 years	...	3	...	2	...	1	...	2	...	1
2 to 5 years	...	1	...	2	...	8	...	3	...	2
5 to 15 years	...	2	...	1	...	2	...	4	...	5
15 to 25 years	...	3	...	2	...	3	...	3	...	3
25 to 45 years	...	30	...	25	...	33	...	17	...	32
45 to 65 years	...	67	...	66	...	86	...	76	...	80
65 yrs. and over	...	197	...	211	...	223	...	229	...	272
Totals	...	336	...	329	...	379	...	360	...	417

Infantile Mortality. There were 22 Infant Deaths during 1951 (14 males and 8 females), equivalent to a rate of 32 per 1,000 related Live Births. This rate compares unfavourably with the rate for England and Wales — 29·6, the West Riding Administrative County as a whole — 31·8, and this Division — 26·5, but the rate is better than that for the Aggregate of Rural Districts in the West Riding, at 34·3.

Deaths under 1 year.

RATES PER 1,000 LIVE BIRTHS.

Year	England and Wales		126 County Boroughs and Great Towns including London		148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)		London Administrative County		Wortley R. D.	
1951	...	29	...	34	...	27	...	26	...	32
1950	...	30	...	34	...	29	...	26	...	41
1949	...	32	...	37	...	30	...	29	...	32
1948	...	34	...	39	...	32	...	31	...	28
1947	...	41	...	47	...	36	...	37	...	52

**Table showing Age Distribution and
Cause of Infantile Deaths.**

CAUSE OF DEATH				Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Prematurity .. ..	..	..	..	4	-	-	-	4	-	-	-	-	4
Congenital and Wasting Diseases .. ..	..	..	..	2	-	-	-	2	2	-	-	-	4
Pneumonia and Bronchitis .. ..	..	..	..	-	-	-	-	-	1	3	1	1	6
Birth Injuries .. ..	..	..	..	2	-	-	-	2	-	-	-	-	2
Accident .. ..	..	..	..	2	-	-	1	3	1	1	-	-	5
Other Defined and Ill-Defined Diseases .. ..	..	..	..	1	-	-	-	1	-	-	-	-	1
Total .. ..	..	..	..	11	-	-	1	12	4	4	1	1	22
1950 .. ..	..	..	..	11	1	1	1	14	-	7	5	-	26
1949 .. ..	..	..	..	9	3	-	-	12	3	5	2	1	23
1948 .. ..	..	..	..	8	1	-	1	10	4	-	5	1	20
1947 .. ..	..	..	..	14	1	1	1	17	8	3	5	-	33
1946 .. ..	..	..	..	20	1	1	-	22	2	4	2	1	31

Maternal Mortality. There was 1 maternal death recorded during the year, giving a Maternal Mortality Rate of 1·43 per 1,000 total (live and still) births.

Epidemic Diseases. The principal causes of death in the Epidemic (other than Tuberculosis) Group over the past five years are given in the following table.

DISEASE	1947	1948	1949	1950	1951
Diarrhoea (under 2 years) ..	2	5	..	..	..
Diphtheria ..	..	..	..	..	..
Whooping Cough ..	1	..	..	1	..
Meningococcal Infections ..	..	..	1	..	1
Puerperal Pyrexia..	..	..	..	..	..
Acute Infective Encephalitis ..	..	..	..	..	..
Syphilitic Diseases ..	1	..	2	..	2
Poliomyelitis ..	3	..	..	2	..
Acute Infective Hepatitis ..	..	..	..	1	..

Inquests. Inquests were held on 24 occasions and in 57 cases the cause of death was certified after Post Mortem Examination without inquest.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis. During the year 726 cases of Infectious Disease were notified. The following tables are self-explanatory.

DISEASE	1948	1949	1950	1951	Corrected Figure (1951)
Scarlet Fever	82	163	53	38	37
Diphtheria	10	3	1	1	—
Puerperal Pyrexia	3	4	7	4	4
Pneumonia	25	46	38	47	47
Ophthalmia Neonatorum	1	—	—	1	1
Meningococcal Infections	1	4	4	4	4
Dysentery	19	1	49	11	11
Erysipelas	5	6	6	5	5
Measles	880	555	761	503	503
Whooping Cough	193	16	276	97	97
Para-Typhoid Fever	1	—	—	1	1
Typhoid Fever	—	2	—	—	—
Poliomyelitis	1	26	10	9	5
Food Poisoning	1	5	229	5	5

Attack Rate of Commoner Infectious Diseases.

(After correction of Notification.)

DISEASE	England and Wales	148 Smaller Towns	Wortley R. D.
Scarlet Fever ...	1·11	1·20	0·81
Diphtheria ...	0·02	0·03	0·00
Para-Typhoid Fever ...	0·02	0·02	0·02
Pneumonia ...	0·99	0·96	1·03
Measles ...	14·07	14·82	10·89
Whooping Cough ...	3·87	4·00	2·14
Erysipelas ...	0·14	0·12	0·11
Poliomyelitis & Paralytic ...	0·03	0·03	0·04
Polioencephalitis } Non-Paralytic	0·02	0·03	0·06

Distribution of Infectious Diseases by Age Groups.

DISEASE	0 — 1	1 — 2	2 — 3	3 — 4	4 — 5	5 — 10	10 — 15	15 — 20	20 — 35	35 — 45	45 — 65	65 and over	Age unknown	TOTALS	After correction
Scarlet Fever ..	..	5	..	6	..	15	8	2	1	..	..	..	..	38	37
Pneumonia ..	..	..	1	7	4	6	2	..	7	3	12	4	..	47	47
Polio-myelitis ..	..	..	..	1	..	..	1	..	3	..	..	..	..	9	5
Erysipelas ..	..	..	..	..	..	..	..	..	..	1	2	2	..	5	5
Food Poisoning ..	..	..	..	1	..	2	..	..	1	..	1	..	..	5	5
Dysentery ..	..	..	3	..	..	6	..	1	1	..	..	..	..	11	11
Puerperal Pyrexia ..	..	..	..	..	..	..	..	..	3	1	..	..	..	4	4
Meningococcal Infections ..	..	..	..	2	..	1	..	..	..	..	..	..	..	4	4
Diphtheria ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..
Measles ..	20	54	50	91	76	192	7	7	5	1	..	..	..	503	503
Whooping Cough ..	5	17	8	21	13	33	..	..	..	..	..	..	..	97	97
Ophthalmia Neonatorum ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Para-Typhoid Fever ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1
TOTALS ..	28	76	62	129	93	256	20	10	21	6	15	6	..	726	721

Residential Distribution of Infectious Diseases.

DISTRICT	Measles	Whooping Cough	Scarlet Fever	Pneumonia	Polio-myelitis	Erysipelas	Food Poisoning	Dysentery	Puerperal Pyrexia	Meningococcal Infections	Diphtheria	Ophthalmia Neonatorum	Para-Typhoid Fever
ECCLESFIELD PARISH :													
Ecclesfield ..	159	71	18	28	4	2	4	5	3	4	-	1	1
Chapeltown ..	74	3	6	3	-	-	-	2	1	-	-	-	-
High Green ..	65	10	2	2	2	1	1	1	-	-	-	-	-
Thorpe Hesley ..	5	-	-	-	-	1	-	-	-	-	-	-	-
Grenoside ..	9	-	-	2	-	-	-	-	-	-	-	-	-
TANKERSLEY PARISH :													
Tankersley ..	3	-	-	-	-	-	-	-	-	-	-	-	-
Birdwell ..	-	-	1	-	-	-	-	-	-	-	1	-	-
Hoyland Common	-	-	-	-	-	-	-	-	-	-	-	-	-
WORTLEY PARISH :													
Wortley ..	11	1	-	2	1	-	-	-	-	-	-	-	-
BRADFIELD PARISH :													
Bradfield ..	13	3	1	2	-	-	-	-	-	-	-	-	-
Worrall ..	45	-	-	2	-	-	-	1	-	-	-	-	-
Oughtibridge ..	36	2	1	2	-	1	-	2	-	-	-	-	-
Dungworth ..	2	-	-	-	1	-	-	-	-	-	-	-	-
Stannington ..	29	-	3	1	1	-	-	-	-	-	-	-	-
Loxley.. ..	14	-	4	2	-	-	-	-	-	-	-	-	-
Wharncliffe Side & Brightholmlee	37	6	2	1	-	-	-	-	-	-	-	-	-
Middlewood ..	1	-	-	-	-	-	-	-	-	-	-	-	-
Holdsworth ..	-	1	-	-	-	-	-	-	-	-	-	-	-
Hollowmeadows	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	503	97	38	47	9	5	5	11	4	4	1	1	1

Scarlet Fever. During 1951, 37 cases of Scarlet Fever occurred, approximately two-thirds the number which occurred in the previous year. On looking back over the figures for recent years, it seems there has been a steady decline in the prevalence of this disease. The attack rate for England and Wales has fallen, and although generally speaking the number of cases of Scarlet Fever notified throughout the country has varied within wide limits, there has been, of late, a decline in the number of notifications. In your district during 1951 the cases occurred in Ecclesfield Parish (25), Bradfield Parish (10), and in Wortley Parish (2). I mentioned in my Report for 1950 that the incidence of the disease seemed to be waning towards the end of that year. This continued falling-off in incidence persisted into the first quarter of 1951, when only 5 cases were notified; 8 during the second quarter; 6 in the third quarter; and 18 during the last quarter. The seasonal prevalence of the disease in this district during 1951 seemed to conform to the normal picture in that the second and third quarters show a decline, with the highest incidence, as one expects, towards the end of the year.

Diphtheria. No case of Diphtheria occurred within the Wortley Rural District during 1951. One case was notified, but this was not confirmed after investigation. This is the third successive year in which the district has been entirely free from this disease. It is a most satisfactory state of affairs, and is more or less in keeping with the general trend of the incidence of this disease throughout the country. The mortality and incidence of Diphtheria has continued to fall, and in 1951 the provisional figure for deaths in the country was 34. Between the years 1930 and 1940 the average death roll was approximately 2,800. The uncorrected notifications of the disease during 1951 were approximately 2,000 as compared with a yearly average of 55,000 in the 1930 — 1940 decade.

I think that Local Authorities ought to be congratulated on what has been done in this most dramatic progress in controlling this disease. The success is due undoubtedly to the intensive Immunisation campaign and the maintenance of effort to keep the level of immunity amongst the younger population high. In the Wortley Rural District during the year under review the numbers immunised were:—

0 — 5 years	...	511
5 — 14 years	...	366

These figures compare very favourably with the numbers that were done in 1950, when there seemed to be a general fall in the numbers throughout the country. As well as those who were immunised for the first time, 343 children received “booster” doses of the antigen on entering School. We have adopted the principle that when a child is

medically inspected on entering School at 5 years of age, the child is automatically given this "booster" dose if the parent gives the necessary consent. As a rule there is no difficulty whatever in obtaining that consent. This number of immunisations done in your district indicates a fairly satisfactory standard.

I think probably the decline in the number of immunisations in 1950 and the early part of 1951 might be the result of the suspension of the immunisation scheme in part of the district, due to the fear that Poliomyelitis might result from the inoculation. I think this fear was over-emphasised, and it would be unwise to make any comment about it until the special Committee appointed by the Medical Research Council has completed its extensive investigations. Whilst we acknowledge that there is this possibility of risk that during the period of the prevalence of Poliomyelitis any inoculation or injection might lead to complication, one must be sensible and weigh carefully the consequences of a sudden cessation of this protective measure which has done so much to save life amongst young children, and the highly improbable factor of the Poliomyelitis sequel. In my opinion I consider that a continuation of Diphtheria Immunisation should be vigorously pursued, and that there must be no neglect because of an unreasonable apprehension concerning Poliomyelitis. During the year under review it is obvious that the numbers appearing for immunisation have come back to the average after the considerable fall in 1950.

I would like to emphasise that to have the baby immunised in the first year of life, and to have "booster" doses from time to time, is as essential when there is no Diphtheria present as it is when there is an epidemic. It is the continuity of the immunisation scheme that brings the desired results. Every effort is made to get the parents of young children to understand this point, and I must say that Health Visitors and Medical Officers at Clinics and Schools have done their job very well, and the people have responded, and are responding, and I have no doubt will continue to be guided by the advice of members of the staff of the Health Department.

Measles. As in 1950, Measles was by far the most common of the Infectious diseases notified in your district:—503 cases. Whilst this is 258 less than in 1950, the figure indicates a considerable incidence of this disease. The attack rate was very much more favourable than that for the rest of the country, and I am informed that the type generally was mild. Of the cases, three-fifths of the total occurred in the Parish of Ecclesfield, with half the number occurring in Ecclesfield (including Colley Estate). Bradfield Parish had 177 cases, the highest incidence being in the Worrall, Oughtibridge and Wharncliffe Side area, that small sector of the district having 118 cases.

You will perhaps remember that towards the end of 1950 we were in the throes of a relatively heavy epidemic of this disease in the district, which seemed to reach its peak at the end of the year.

The number of cases during the first quarter of 1951 was 257, but a gradual decline in the incidence could be seen in the following quarters; 138 in the second, 99 in the third, and 9 in the last quarter. Towards the end of the year, therefore, the prevalence of the disease had practically disappeared in your district.

As in 1950, it would appear that, in the year under review, the age group principally affected was the 5 — 10 group, in which approximately two-thirds of the cases occurred. Below the age of 5, the age group least affected was the "under 1" group, in which one would expect the death rate to be highest if the disease became prevalent. There were no deaths reported, and so far as this Department can find out, there were no serious complications. It is observed that this disease was more prevalent in some sectors of this district than in others, and one has been asked on occasion to advise on quarantine procedure. I have always taken the view that unless quarantine is going to be absolutely rigorous it is more or less impossible to give any definite opinion. Society to-day is such that it would be extremely difficult to adopt strict quarantine measures, and one relies, therefore, in trying to impress upon the minds of those who seek advice the simple epidemiological facts. We try to point out to them that every child who displays the early symptoms of Measles, e.g., cough, "running" eyes and nose, etc., should suspect that the child is infectious, and should keep that child away from his or her companions until medical advice has been obtained. This rule should be adopted firmly when cases of Measles are prevalent in the district. We also try to impress upon the public that when Measles has developed the patient is infectious, and must not come in contact with his or her companions until medical advice has agreed that it is safe to do so. The type of Measles in most cases has been mild, and there is the temptation for children to mix with others sooner than they should. I am afraid that I put the blame on the parents for not being more particular in the isolation of the infected child, both before the rash appears and during the convalescence.

Whooping Cough. During the year under review, 97 cases of Whooping Cough were notified. This is a considerable drop in number from the near 300 figure of 276 in 1950. The year 1950 seems to have been a year of high incidence throughout the whole country, and had in fact the highest number of notifications since 1941. The gradual diminution in the incidence of this infection observed at the end of 1950 continued into 1951. In fact, during the first quarter of 1951 only 1 case was notified. The disease began to reappear again as the year passed, and 14 cases were notified during the second quarter, 29

during the third quarter, and 53 in the last quarter. This re-appearance of the epidemic, which was most prevalent in the age group 5 — 10 years, chiefly affected Ecclesfield (including Colley Estate), where 71 cases were notified. The distribution of the disease, therefore, during the latter part of the year, at least, seemed to be concentrated in that relatively densely populated area bordering the City of Sheffield. There were no deaths, although the case fatality rate throughout the country at the end of 1951 was approximately 0·25%. If there are any compensations at all, it is certainly fortunate that this increase in incidence of Whooping Cough is accompanied by a fall in the case fatality rate, at least so far as this district is concerned.

Whooping Cough is a most wearying disease, and it is a disturbing sight to see a child racked with paroxysms of coughing, with the consequent exhaustion which is inevitable following such attacks. It is very important, therefore, that every effort should be made by modern medical and scientific research to find some sort of Prophylactic which will effectively control these attacks. It would be too optimistic to hope for one with similar results to that used in Diphtheria, but the Medical Research Council are continuing their efforts, and it is hoped that in the very near future we shall be adopting in the West Riding a scheme for immunisation against Whooping Cough, similar to that employed for Diphtheria.

Poliomyelitis. During the year under review, 9 cases of Poliomyelitis were notified. Of these, 4 proved negative. Of the remaining 5 cases, 2 were paralytic, each exhibiting varying degrees of paralysis of the legs, and 3 were non-paralytic. All 5 cases were admitted to Lodge Moor Hospital, Sheffield. 4 were discharged home, and one to the King Edward Orthopædic Hospital, Sheffield. I am informed that in the paralysis cases Calipers have been provided to assist in walking.

The attack rate for this paralytic type for the Wortley Rural District was 0·04 per 1,000 of the population, which rate was slightly higher than that for the rest of the country. For the non-paralytic form of the disease the rate was 0·06; this also was slightly higher than that for the rest of the country. Three cases occurred in the age group 20 — 35 years, one in the age group 10 — 15 years, and one in the age group 3 — 4 years. Three of the cases were residents in the Colley Estate area, and 1 each in High Green and Dungworth. I understand that all the cases are progressing favourably. Although the attack rate in the Wortley Rural District was slightly higher than for the country generally, the incidence of the disease showed a decrease compared with the year 1950.

The disease is difficult to control since it has not been finally established what is its origin and how it is transmitted. It has been proved that case-to-case infection has occurred in some instances, whilst in others the disease has been probably caused by some intermediary. It would appear, therefore, that when a case does occur, the possibility of infection, direct from the patient by droplet, is always present. At the same time it is possible to acquire the disease by contact with some intermediate element, possibly discharges from the nose and throat, or even contact with the bowel contents of the infected person or healthy carrier. I think it must be accepted that the disease is spread from mild cases of infection which pass unnoticed, and from the healthy carriers. One would like to trace the intermediary, but no evidence is forthcoming that food, water, or flies have been positively incriminated as a means of spread. This, of course, does not exclude the possibility that such intermediaries might have been responsible for some of the cases.

One feels inclined to believe that the spread of infection by some intermediary is the difficulty in the epidemiology of this disease as it is relatively easy to limit the spread of infection if that spread was only from patient to patient. The aim of epidemiologists is to acquire a fuller knowledge of the distribution of the germ which causes this disease. At the present moment some field-work is being carried out throughout the country where drains and sewers in a selected number of towns are being examined for the presence of the virus, and it is possible that when the result of this field-work has been completed we might be able to have more information about the subject. It is a fact that when Poliomyelitis appears within a district, public anxiety increases. This is understandably so, particularly amongst those parents of young children. It would be wrong to exaggerate this fear, and I think it might be well here to quote some figures published in the principal report of the Ministry of Health, covering the period up to the 31st December, 1951. In dealing with the subject of Poliomyelitis it was reported that an enquiry was made into approximately 8,000 cases admitted to Hospital in 1949. It was found that "for every 100 patients admitted, 5 or 6 died, 9 or 10 were severely paralysed, 17 or 18 had a degree of paralysis which, properly treated, would not stop them from working, and the remaining 65 or 70 would either be left with a trivial paralysis which would pass almost unnoticed, or would suffer no permanent ill effects whatever. Included in the last group were about 30 in whom the diagnosis of Poliomyelitis was never confirmed. It is further estimated that 2 out of every 3 of the patients notified in 1950 recovered unscathed."

In discussing the subject of Diphtheria I referred to the question of inoculations (which includes all injections) and Poliomyelitis. I do not think it is wise to pass any judgment yet, although there was evidence that such injections, within four weeks of the onset of Poliomyelitis, had, in a few cases, been responsible for

determining the site of the paralysis. My advice to Mothers of young children would be to accept the known protection against Diphtheria, since in my opinion it is of more importance to keep up a high degree of immunity against this known killing disease.

Tuberculosis. During the year 81 new cases of Tuberculosis were notified, as compared with 67 in 1950. Of these cases, 21 were notified from the larger Hospitals and Institutions in the district, which leaves a total of 60 district cases, an increase of 3 compared with the figure for last year. Of the 60 cases, 53 were pulmonary, and 7 were Non-Pulmonary. Below I set out in tabular form the age and sex distribution and the residential distribution of the cases.

Cases Notified in Age Groups.

Age Groups	New Cases				Deaths			
	Respiratory		Non - Resp.		Respiratory		Non - Resp.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 — 1 year	..	..	..	..	..	..	..	..
1 — 5 years	8	9	1	2	..	..	..	..
5 — 15 years	3	6	2	2	..	..	..	..
15 — 25 years	9	8	..	..	1	..	..	..
25 — 35 years	10	1	..	..	1	1	1	..
35 — 45 years	10	..	1	..	2	..	..	..
45 — 65 years	2	..	1	..	3	..	..	..
65 years and over			1		..			
TOTALS	44	27	6	4	7	1	1	..

Area of Distribution of Tuberculosis Cases.

				Respiratory.		Non-Respiratory.	
PARISH OF ECCLESFIELD :				M.	F.	M.	F.
Ecclesfield	...	...		7	2	1	—
High Green	...	...		3	1	—	1
Chapelton	...	...		2	4	—	1
Grenoside	...	...		—	—	1	—
Thorpe Hesley	...	...		1	—	—	—
Parson Cross	...	...		11	15	—	1
PARISH OF WORTLEY :							
Wortley	...	...		—	—	—	—
PARISH OF BRADFELD :							
Oughtibridge	...	...		2	1	—	1
Stannington	...	...		2	—	—	—
Worrall	...	...		1	1	—	—
PARISH OF TANKERSLEY :							
Tankersley	...	...		—	—	1	—
Totals	...	...		29	24	3	4

Included in the above table are those cases transferred to this district from other districts. Age distribution of those transferred cases is as follows :—

		Respiratory		Non-Respiratory	
Age		Male	Female	Male	Female
0 — 25 years	...	4	7	—	—
25 — 45 years	...	6	3	—	—
45 — 65 years	...	1	—	—	—
Over 65 years	...	—	—	—	—
Totals	...	11	10	—	—

**Notifications of Tuberculosis received from Larger Hospitals and
Institutions in the District — usual place of residence
not in Wortley Rural District.**

Age		Respiratory		Non-Respiratory	
		Male	Female	Male	Female
0 — 25 years	...	2	1	—	—
25 — 45 years	...	6	2	1	—
45 — 65 years	...	5	—	1	—
Over 65 years	...	2	—	1	—
Totals	...	15	3	3	—

During the year 18 cases were admitted to Sanatoria for treatment. On the Tuberculosis Register at the year end were 396 cases of Tuberculosis, 293 Pulmonary and 103 Non-Pulmonary.

As I pointed out in my Report for 1950, the Tuberculosis Service can be said to be a tripartite administration, in that the Regional Hospital Board is responsible for the treatment, the Local Health Authority for the care and after-care, and the District Council in some measure for the work in the epidemiological field. One of the administrative difficulties consequent upon such arrangements is that there is bound to be a certain degree of overlapping, and possibly a danger of the service being weak at certain points. The aim in this Division has been to forge links connecting all three sections of the service, with transmission of information from one to the other. This system creates a general picture of the situation so far as it affects the Division, and permits of easy assessment of the requirements from time to time. Such an arrangement could never be a success unless those of each section operating within the Division were equally determined to have the fullest co-operation one with another. I am very glad to be able to report that in Division 22 this arrangement is firm, and is working very well indeed. The relationship between me, on the preventive side, and the Consultant Chest Physicians on the Regional Hospital Board side is very cordial, and I am exceedingly grateful to them for their helpful co-operation at all times.

I am very glad to be able to report further that my relationship with your Housing Department has also been a happy one, and you, as a Council, have played your part whenever it was possible to do so in the creation of better facilities, not only for the tuberculous patient, but for the welfare of the district generally. Another factor which I am glad to report is that we have exclusively for this Division one Tuberculosis Health Visitor. This lady actually attends at some Tuberculosis Clinics conducted by the Regional Hospital Board besides her work in the field of social medicine. I find that this is a very strong supporting factor in the administration of this service.

As a District Council, you are limited in the amount that you can do in this Tuberculosis Service, but when you consider that such things as bad housing, lack of open spaces for playing fields, general poor social conditions, are all synonymous with the prevalence of Tuberculosis, you must realise that you have an important part to play in the fight against this disease. It is your duty to provide these social amenities. I must say how grateful I am for your continued help in this matter, and one hopes that the provision of satisfactory housing for everyone will be an accomplished fact one day, and the sooner that day arrives, the better for the health and welfare of the people generally.

B. C. G. Vaccination against Tuberculosis.

In my Report for 1950 I mentioned in detail the arrangements for the provision of B.C.G. Vaccination against Tuberculosis, and what were, in fact, available in your district. I further reported on the action I took with regard to the examination of, and the provision of B.C.G. Vaccine for, some children at one of the Schools in your district. I thought that it might be of interest if I were to carry out a similar examination in a School where the children were exclusively local children, being children of families who had lived in that village for a considerable number of years. I did this to draw a line of comparison between those done on the previous occasion where the children were, in the main, immigrants from the neighbouring County Borough. This experiment was carried out at Ecclesfield Rawson's Infant School. A general invitation was sent to the parents of the younger age groups of children in the School to meet me and discuss the question of protection by B.C.G. Vaccination. There was a very good response to the invitation and a very helpful discussion ensued. As a result, 108 requests were made for testing, and if need be, B.C.G. Vaccination. Each of the 108 children was tested with the Jelly test, and all obviously positive cases were taken out of the group. All those who were negative or doubtful were re-submitted to an injection test of 1 in 1,000 Tuberculin, and those who had a positive reaction joined the original positive cases. All those who were negative to the reaction were offered B.C.G. Vaccination, and in all but 3 cases the offer was accepted. Of the 108 children who were submitted to test in this survey, 43 were positive on the first testing and 65 were negative or doubtful. On re-testing the 65, 28 were found to be positive, making a grand total of 71 positive and 37 negative. The parents of 3 of the latter refused to continue with the treatment, and they were withdrawn from the survey. It was gratifying to note that all those 34 who received vaccination were satisfactorily converted to Mantoux Positive, indicating that artificial immunity to Tuberculosis could be expected to develop. The 71 positive cases were re-examined Clinically and kept under observation to see if there was any indication that the primary infection which they had all experienced had in any way had any detrimental effect on their physical condition. Nothing was found

to necessitate any further action, and up to the preparation of this Report there have been no reports of any illness amongst them which might be suggestive of Tuberculosis.

In the survey that was done a year ago at the School on Colley Estate, one was aware of the close contact the children had with an open case of Tuberculosis, and in such circumstances it was necessary to submit all positive cases for X-ray examination in case a primary infection of the lungs had already been established. Such a need for X-ray examination in this latter survey was not considered necessary.

I do not think it is wise to deduce anything from comparing the two surveys, but it is an interesting fact that in one case out of 106 children 70 were positive and 36 were negative to the Mantoux test, and in the second instance 71 were positive and 37 were negative. Here we have two surveys, each in a different type of School with a different type of pupil, and the results are, to all intents and purposes, identical.

I would like to put on record my thanks to Dr. Midgley Turner and his staff at Queen's Road, Sheffield, for their support in this last survey, and also I would like to thank Miss Rodgers, the Head of the School concerned, for her very helpful co-operation.

FOOD POISONING.

This is a subject which is ever in the mind of the Medical Officer of Health. Section 17 (1) of the Food and Drugs Act, 1938, provides for notification of cases of Food Poisoning by the General Practitioner in attendance, and the number of such notifications received by me during 1951 was 5. Of those 5, 4 related to the same outbreak and one was an isolated instance of Food Poisoning. The patients recovered very soon after their indisposition.

It always creates a sense of frustration in the Department when a case of Food Poisoning is reported and we are unable to pin-point the real cause. The facts about Food Poisoning should be well known, for I cannot remember a disability becoming so notorious in such a short time as Food Poisoning has become since the war. The Principal Medical Officer to the Ministry of Health, in his report for 1950, indicates that the number of cases has increased, and whilst he was prepared to agree that the increase might in part be due to better notification and reporting of outbreaks, it was unlikely that it accounted for the total increase. Food Poisoning symptoms might range from a mild discomfort to a rather severe illness, although even the latter is of short duration and is seldom dangerous to life. Like other infectious diseases, a patient can have a mild attack of Food Poisoning and be so little affected that no notice is taken of the condition. We have here, therefore, not only a potential danger to

those coming in contact with the fomites of such patients, but an altogether erroneous picture of the incidence of the disease in any given area over any given period of time. For instance, I can hardly agree that in the Wortley Rural District in the twelve months under review only 5 cases of Food Poisoning occurred.

If we in the Health Department are to be of any value at all in the controlling of outbreaks of Food Poisoning, we must get information at once that people are suspected to be suffering from Food Poisoning. Furthermore, we must have an opportunity of being able to visit the patient and collect samples for the Laboratory. The value of the specimens for diagnostic purposes decreases rapidly in direct proportion to the length of time between the onset of disease and the time of collection. It is important, therefore, that we get to know about the cases as soon as possible, and I do not think that it need be accepted that the General Practitioner alone should notify. The head of the house, if suspicious of any symptoms suffered by members of the household, should contact the Health Department at once and seek advice.

The feeding habits of the people have changed considerably during and since the war. Food to-day is eaten communally by a large percentage of the population on at least one occasion during the day. I do not think that food has ever been handled so much in its preparation for the vast majority of the population as it has been in the last decade. When food is handled under certain conditions of warmth and moisture it becomes a natural breeding ground for organisms. It is not difficult, therefore, to understand why there are so many outbreaks of Food Poisoning. Harmful germs get into the food from those who are handling the food. Germs get in from dirty hands, infections of the nose and throat, from the hair and from the clothing. A good growth of organisms on a piece of meat or some cream can produce a tremendous amount of sickness and distress. What is the answer to this problem? The answer is in better hygiene in the kitchen and better personal hygiene on the part of the food handlers. Meat dishes, which are notoriously blameworthy in Food Poisoning outbreaks, should be cooked shortly before they are eaten, so that organisms would have no time to grow and produce the poison. If such food was eaten while still hot much of the danger would have gone. Another way, of course, is the rapid cooling of meat that has been cooked and then store it, until required, in a Refrigerator to inhibit the growth of any germ which might have inadvertently reached the surface of the meat. The reheating of cooked meat is always dangerous unless the reheating is done quickly and to a high temperature, so that organisms present may be killed off.

It should not be necessary to emphasise the need for personal hygiene amongst food handlers, and it certainly should not be necessary to impress upon food handlers that strict attention to cleanliness not only improves the palatability, but increases the safety of the food they

are about to prepare. I have a feeling that there is now a general awareness of this danger amongst food handlers, probably consequent upon their being incessantly preached at by every form of propaganda. I have found in this district that food handlers are interested in this problem, and that they are most willing to take advice and to carry out suggestions for the better handling of food. I believe that much of the trouble of the past has been due to ignorance concerning the elementary causes of Food Poisoning. Now that the knowledge is being acquired it is amazing how co-operative food handlers are.

This propaganda with regard to clean food handling has been persistent throughout the year, and in Schools, in Clinics, and at small gatherings of interested people, talks have been given. I venture to suggest that they were of interest, and were ultimately helpful.

HEALTH EDUCATION.

This subject is a natural follow-up to my comments in the last paragraph of the preceding section. The Medical Officer of Health has many duties, and not the least of which is the education of the people in health matters. It is not an easy matter to collect a representative body of citizens who would be prepared to listen to a talk on some public health matter. First of all the lecturer must know his subject, and must be prepared to make it interesting. As an example of what I mean I need only refer to the interesting way the Radio Doctor can get over a lesson in health. Then we must deal with a subject in which the people are naturally interested, and if possible something that is topical, e.g., to discuss Poliomyelitis during the period that it is prevalent in the country, to deal with Food Poisoning when cases have occurred and it has been the headlines in the newspaper, to deal with Influenza and other infections during the season of the year when they are matters of everyday conversation.

We try to deal with it by poster, by talks in Schools, by the teaching by Health Visitors and occasionally by lectures to small groups of people who have called upon us to speak to them. The Health Department staff is always ready to discuss these problems and they are always available to give talks if asked by groups of people who are interested in the subject.

Since the coming into operation of the National Health Service Act I cannot get it out of my mind that the limelight has been thrown on the word "Disease" and not Health. The emphasis has been on the supply of medicine, spectacles, false teeth, etc., and very little has been mentioned about how to live healthily and avoid falling victim to many of the illnesses which beset us. The answer is in the education of the public and converting them from thinking of ill health and disease to contemplation of a full and healthy life.

NATIONAL ASSISTANCE ACT, 1948.

There was no occasion to use the provisions of Section 47 of the above Act during the period under review. During the year you will remember that the National Assistance (Amendment) Act received Royal assent in August and came into force in September. Further powers were given to Local Authorities under that Amending Act so that any case which was in need of care and attention, which care and attention that case was unable to provide for himself or herself and were not receiving it from other people, could be quickly dealt with and protected. The Medical Officer of Health along with another registered Medical Practitioner could duly certify that that person required this protection, and the patient could be removed without delay from the premises in which he was residing, provided an application had been made direct by the Medical Officer to the Court or to a single Justice of the Peace. This amendment to the Act is designed to prevent undue delay in the obtaining of care and protection for those people who are "suffering from grave chronic diseases or being aged, infirm, or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention." Towards the end of the year your Council approved of the provisions of the amending Act, giving me the necessary power to act in any case where the need arose.

GENERAL PROVISION OF THE HEALTH SERVICES.

Isolation Hospitals. In the main all cases of Infectious Disease occurring within your district and requiring Hospitalisation are admitted to Lodge Moor Hospital, Sheffield. Some few are admitted to Kendray Hospital, Barnsley, particularly those cases which occur in the Tankersley / Birdwell area. I have got to report that a very satisfactory arrangement exists between the Medical Officers of the various Isolation Hospitals and this Department, and full information about cases admitted is sent without delay, so that the epidemiological investigations are proceeded with as quickly as possible.

General Hospitals. The General Hospitals serving the area can be more or less recognised as the teaching Hospitals in Sheffield and the Barnsley Beckett Hospital.

Laboratory Services. Laboratory facilities are available at the Medical Research Laboratories at Wakefield, and the one at the City General Hospital, Sheffield. The Directors of the respective Laboratories have, at all times, been anxious to help and advise with any problem which has occurred, and with which their respective Departments would be interested.

Mortuary. There is a Mortuary and Post Mortem Room at Grenoside which belongs to the District Council, and which is available for the whole district.

Ambulance Facilities. The same facilities which existed a year ago are still in operation within the Wortley Rural District. The Ambulance Depot covering the area is the Hoyland Depot, with the reserve fleet at Wath being on call if necessary. Arrangements are in force with the Sheffield County Borough Ambulance Service where emergency calls can be dealt with if the Hospitals are notified that such a service is necessary. That part of the district covered by the Bradfield Telephone Exchange has a special cover from the Sheffield Ambulance Station.

As you are aware, the Ambulance Service is under the direct control of the County Ambulance Officer, and I am involved only when complaints are received through this Office concerning the Service generally. During the past year there has been no complaint at all, and it is evident that this service, which only came into existence in the middle of 1948, has now become a well organised and efficient service. I have heard from time to time that the service is being used by people who might well be able to proceed to or from Hospital by public transport. I must emphasise once more that the Ambulance Service is essentially for non-ambulant cases, and that those who can should proceed to that treatment centre to which they have been directed by some other means.

Clinics. Below are tables showing the various Clinics held in the district, and in some cases indicating the number of attendances during the year.

Child Welfare Centres.

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions	Total number of attendances during the year	
		Number who attended for first time during this year	Children up to 5 years
CHAPELTOWN. Miners' Welfare Pavilion. Dr. J. M. Taggart and Miss N. Redshaw.	Wednesday afternoon	115	2110
ECCLESFIELD. Gatty Memorial Hall. Dr. I. A. Fraser and Miss B. S. Ward.	Monday afternoon	228	3328
GRENOSIDE. Scout Hut. Dr. J. Smail and Miss B. S. Ward.	Tuesday afternoon	55	3328
HIGH GREEN. Methodist Sunday School, Wortley Rd. Dr. J. M. Taggart and Miss N. Redshaw.	Tuesday afternoon	93	1838
LOXLEY. Congregational Chapel. Dr. S. Lindsay and Miss E. Keeton.	Alternate Tuesday afternoons	22	522
OUGHTIBRIDGE. Church Hall. Dr. S. Lindsay and Miss T. Walker.	Thursday afternoon	39	1055
STANNINGTON. Methodist Sunday School. Dr. S. Lindsay and Miss E. Keeton.	Wednesday afternoon	42	1634
WORRALL. Memorial Hall. Dr. S. Lindsay and Miss T. Walker.	Alternate Tuesday afternoons	24	579

Welfare Clinic. I think the weight of evidence is in favour of the argument that the Maternity and Child Welfare Clinic is a valuable item in the weekly routine of the Mothers of young babies. At those Clinics there is the Medical Officer, who is experienced in the minor ailments and feeding difficulties which young children generally experience. There attends the Clinic also a Health Visitor, who is the Medical-Social Worker employed by the Local Health Authority, who knows the Mother and baby and the home in which the baby is being brought up. Besides those valuable services, there is a band of hard-working, well-meaning ladies, who give up one afternoon a week quite voluntarily to come and assist in the local administration of those Clinics. Helpers who prepare a cup of Tea for the Mothers, and those who assist in the clerical work, and even in the baby weighing, are all important links in a chain of service in the Maternity and Child Welfare Department. I do not think those great-hearted ladies whom I have just mentioned are recognised as they should be. One trembles to think what the Clinics would be without them. I would like to offer to them my thanks for their valuable contribution to the Clinic work.

Once again I must put on record that I am not entirely satisfied with all the premises which are used as Clinics. It must be said, however, that they are the best obtainable under the circumstances and it is not short of miraculous that the services given in some of those Clinics are of such a high standard. One part of the district particularly difficult is the large population in Ecclesfield, including the Colley Estate, where the only Clinic facilities are at the Gatty Memorial Hall. Fruitless search has been made to find suitable premises on the new Estate. However, I am glad to be able to report that arrangements are well advanced for the building of a permanent Clinic in this area, and I hope that in the very near future the building programme of the County Council will include the provision of this Clinic.

Ante-Natal Clinics. There is only one established Ante-Natal Clinic in your district, and that is at the Gatty Memorial Hall, Ecclesfield. In my remarks in connection with Child Welfare Clinics I mentioned the need for extra Clinic accommodation in the Ecclesfield area, and the same applies for the Ante-Natal service. This Clinic is overworked simply because the population it serves is such a large population and there is no alternative accommodation available to hold another Clinic. If and when the new Clinic is established on the Estate, this problem will be solved. As it is, at the Gatty Hall during the year under review 878 attendances were made by expectant Mothers. The Medical Officers in attendance at this Clinic are Doctors I. A. Fraser and J. McIntosh sharing one week, and the next week Dr. M. Rushbrook is in attendance. Along with the Medical staff there are present the Health Visitor and the local Midwives.

The Ante-Natal supervision of the expectant Mother has been taken over more and more by the General Practitioner, and the result is that established Local Health Authority Ante-Natal Clinics have become less popular. In that part of your district where there is no established Ante-Natal Clinic and where there is a desire for a Local Health Authority Service, Ante-Natal supervision can be provided at the ordinary Clinic by arrangement with the Medical Officer and the Health Visitor of that Clinic.

Tuberculosis. The Chest Clinics most conveniently placed for residents in Wortley Rural District are Queen's Road, Sheffield; Moorgate, Rotherham; and Church Street, Barnsley. In a room at the Town Hall, Stocksbridge, there is a Supervision Clinic held every Monday from 2 — 4 p.m., and a similar Clinic is held at Weston House, Penistone, during the same hours on the 1st and 3rd Thursday of every month.

Venereal Diseases Clinics. The undermentioned are the Centres where specialist treatment in Venereal Disease is available:—

Address.	Men.	Women and Children.
Barnsley (Queen's Road)	Monday, 10 a.m.— 12 noon. Thursday, 4-30—6-30 p.m.	Monday, 5—7 p.m. Thursday, 2--4 p.m.
Sheffield (City General Hospital)	————	Tuesday, 2—4 p.m.
Sheffield (Jessop Hospital for Women)	———— ————	Tuesday, 4—6 p.m. Thursday, 4—6 p.m.
Sheffield (Royal Hospital)	Monday & Wednesday, 9-30 a.m.—12 noon. Tuesday, 4-30—6-30 p.m. Friday, 9-30 a.m.—12 noon and 4-30—6-30 p.m.	Thursday, 9-30 a.m.— 12 noon.
Sheffield (Royal Infirmary)	Monday and Thursday, 5—7 p.m.	Monday, 2—4 p.m. and 5—7 p.m. Thursday, 5—7 p.m.

Other Clinics. Minor Ailment Clinics for Schoolchildren are held principally in the Schools at fixed times during the School year. Those Clinics are attended by the Health Visitor who deals with minor ailments, e.g., minor skin conditions, dressings, ear swabbings, treatment of pediculosis capitis, and the important job of explaining to children the principles of health. Such Clinics are held in the Lound School and the Gatty Hall, and in one of the Junior Schools on the Colley Estate.

At regular intervals an Ophthalmologist visits the district and examines Schoolchildren who are suffering from degrees of errors of refraction. These examinations are generally carried out in premises used for Child Welfare Centres, e.g., Miners' Welfare, Chapeltown, and in the Schools. The important point about the latter Clinics is that there must be a sufficiently large room that can be darkened for the proper examination of the children concerned.

Another Service Clinic that is held is the Speech Therapy Clinic, where a fully trained Speech Therapist visits the School and advises in problems of speech difficulties. This Officer is shared by three Divisions, and the amount of time she can spend in one Division, let alone one County District, is very limited, but at Ecclesfield there is a regular weekly session held in the Montenev Junior School.

Health Visiting.

Details regarding the Health Visitors employed within the Wortley Rural District during the year are as indicated below :—

Health Visitor.		Address.
Miss N. Redshaw	.. ..	28, Loundside, Chapeltown.
Miss B. S. Ward	.. ..	95, Trap Lane, Sheffield 11.
Miss E. Keeton	.. ..	24, Hall Road, Handsworth, Sheffield 9.
Miss T. Walker..	.. ..	2, The Bungalows, Clowne, Nr. Chesterfield, Derbyshire.
Mrs. L. M. Beaumont (Assistant)	..	4, Green Lane, Ecclesfield.
Mrs. D. M. Simpson .. (Assistant)	..	Potter Hill Lane, High Green.
Mrs. D. E. Todd .. (Tuberculosis)	..	Stainboro' Low, nr. Barnsley.

The Health Visitor is one of the most important factors in the smooth working of the Health Service. The old conception of the Health Visitor as one whose sole concern is baby welfare work has altered considerably in recent years. There is a divergence of opinion amongst certain thinkers what the qualifications of this person should be. Some say that she should be a person of the minimum nursing experience, but possessing a good training in social welfare work. Other views are that the better nursing qualifications with a smattering of social work is the better choice, the argument being that experience by practical contact with people in her district will give her all the social training she requires. I do not propose to take sides. At the same time I have my own ideas as to what the Health Visitor's duty should be. I consider that this lady should be of a type who can act as a liaison between the Hospital and the Practitioner, and the Practitioner and those services provided by the Local Health Authority. She should be the confidant of all those people who are experiencing any social difficulty as a result of sickness or ill health. She should be the person to whom the General Practitioner and the Hospital Medical Officer, through his Almoner, can appeal for advice in connection with the home background of any patient. The Health Visitor should be a home visitor, and should advise on health matters in the home rather than from a fixed centre such as the Clinic. I am glad to report that there has been an increase in the number of Health Visitors working within your district, and we have reached our establishment so far as that section of the Division is concerned. From the details given above, you will observe that Miss Gosney has now been replaced by Miss E. Keeton, and that Miss T. Walker has come into the Oughtibridge, Worrall and Wharncliffe Side area, replacing the Assistant Health Visitor, Miss Rhodes.

It is not possible to give details of the number of visits made by Health Visitors in each of the separate constituent districts forming Division 22 because of the overlap of duties of Health Visitors from one district to another. During the year, however, a total of over 22,000 visits were made by Health Visitors within the division.

Midwifery Service.

Within the Wortley Rural District there are six Midwives, five of whom are doing whole-time Midwifery, the other, Miss R. M. Smith, of Oughtibridge, being employed in both the Midwifery and Home Nursing Services. Below I set out a table giving the names, addresses and telephone numbers of the Midwives concerned.

Midwife.	Address.	Telephone No.
Miss S. Billing	Jeffcock Memorial Nurses Home, .. Ecclesfield	Ecclesfield 38438
Mrs. M. E. Quirk	42, Knutton Road, Parson Cross ..	Sheffield 44347
Miss C. Hemingway	93, Mansell Crescent, Parson Cross	Sheffield 44820
Mrs. F. O'Sullivan	16, Worrall Road, High Green ..	High Green 49
Mrs. N. McNamara	Dale View, Rodney Hill, Loxley ..	Sheffield 43643
Miss R. M. Smith (District Nurse Midwife)	"The Haven," Bedford Road, .. Oughtibridge	Oughtibridge 40892

During the year there was a change in the personnel, in that Miss Sewell, having obtained an appointment in the North Riding, was replaced by Miss C. Hemingway. A total number of 264 confinements were attended by these Midwives during the year, 213 in the capacity of Midwife, and 51 in the capacity of Maternity Nurse. The Relief Midwife for the Division is resident within the Wortley Rural District in the person of Mrs. M. E. Quirk, and her duties are chiefly to relieve any Midwife who is on leave or has run into a rather busy spell of work. Each of the Midwives employed in your district is mobile, and each is qualified to use, and possesses, a Gas and Air Machine for the provision of Analgesia in child-birth.

Home Nursing.

The Home Nursing Service in the Wortley Rural District is carried out by five Home Nurses and one District Nurse Midwife, as indicated below:—

Home Nurse.	Address.	Telephone No.
Miss A. Middleton	17, South Road, High Green ..	High Green 25
Mrs. I. Rose	133, Wheata Road, Parson Cross ..	—
Miss R. M. Smith (District Nurse Midwife)	"The Haven," Bedford Road, .. Oughtibridge	Oughtibridge 40892
Mrs. A. Woodhead	1a, King Street, Charlton Brook, .. Chapelton	Ecclesfield 38582
Mrs. A. White	7, Highfield Rise, Stannington, .. Sheffield 6	Sheffield 43688
Mrs. F. Needham	75, Mill Road, Ecclesfield ..	Ecclesfield 38365

During the year a total of 9,723 visits were made by these Home Nurses. There is a change in the Home Nursing Staff as compared to the previous year in that Miss Peacock, having transferred to another part of the West Riding, has been replaced by Mrs. F. Needham.

The Home Nursing Service is a most important one, and I fear that not enough advantage is being taken of it. We have available well trained and qualified Home Nurses, experienced in the nursing care of patients in their own home. This is a service which we would like to have as near as possible to that nursing service given by the nursing staff in Hospital. All the Nurses are mobile and fully equipped, and available to carry out any nursing instructions requested by the General Practitioner in attendance upon a patient. The Nursing Service is in essence one of treatment, in that the Home Nurse works in close collaboration with the General Practitioner, from whom she takes instructions, and to whom she is responsible for the work in the Clinical field. The Local Health Authority is only responsible for the provision of this service.

One would like to see the General Practitioner use the Nursing Service more, and I am certain that in these days of high pressure work on the part of General Practitioners, the Nursing Service can be of immeasurable value.

Domestic Help Service.

During the year ended 31st December, Domestic Helps attended 136 cases in the Wortley Rural District. Of those cases 14 were continuing cases from 1950, leaving 122 new cases during the year. This figure approaches 50% of the number of new cases attended throughout the whole Division.

I think it is accepted by many that the Domestic Help Service is now one of the most popular of the services available to the public. I consider that this practical expression of positive help in the time of need is one of the greatest contributions to the welfare of the people. Health Visitors, Home Nurses and Midwives have all been given freedom of action in that if any of them meet a case which deserves help, they can provide it forthwith, at the same time notifying me that they have done so. The service gains in value if practical help can be given on the spot, and the Nursing personnel have been advised to give that help whenever they find it is required. In many homes there has been cause for thankfulness for the continued kindly service of the Domestic Help working in the home when the housewife has been ill and unable to do it herself. The aged people living alone have seldom anyone to turn to for help when illness or any other adversity visits the home. The sense of loneliness disappears, in part, when these old people realise that they can have a daily visit from a Domestic Help, who will automatically ease the burden of housework.

I would like to put on record here my appreciation for the work that those women are doing. I am deeply grateful to them for their continued help. It is very difficult to give separate figures for the amount of work done in each of the respective five districts constituting Division 22. In the Wortley Rural District 47 Domestic Helps are at present employed, and there is a long list of applicants awaiting vacancies in the service. During the year 1951 the Domestic Helps in your district attended 122 homes, performing in all 30,286 Domestic Help hours. These figures indicate a considerable increase over the figures for 1950. I think it must be pointed out here that during the year the establishment of Domestic Helps for the Division as a whole was increased from the equivalent of 25 full-time Home Helps to 30.

I give below two small tables showing the distribution of the cases in your district, and the number and type of cases attended by those Domestic Helps.

Type of Case	Number of Cases
Illness	26
Children	5
Confinements	52
Expectant Mothers ..	1
Aged ill.. ..	33
Aged infirm	5
TOTAL	122

Distribution of Cases	Number of Cases
Wortley	2
Wharnccliffe Side ..	4
Chapelton	25
Colley Estate	31
Grenoside	6
High Green	16
Stannington	10
Oughtibridge	7
Ecclesfield	10
Worrall.. ..	4
Loxley	4
Tankersley	3
TOTAL	122

SANITARY CIRCUMSTANCES.

Rainfall.

The Council's Rainfall Gauge sited at the Sewage Disposal Works, Ecclesfield, was transferred at the beginning of the year to a site adjoining the Council Offices at Grenoside.

Complete rainfall figures for the new station are not available for 1951.

The total rainfall during the 347 days on which recordings were made was 31·27 inches. The total rainfall for the previous year was 27·89 inches and the average over the past 25 years 28·847 inches.

Water Supply.

At the end of 1951 there were 12,580 houses in the district, 12,122 or 96·3% of which obtain domestic water from a main supply.

The mains water is supplied by one or other of the following undertakings:—

Sheffield Corporation Waterworks.

Wortley Rural District Council Hallbroom and Bradfield Supplies.

Wharnccliffe Estates Company's Waterworks.

Dearne Valley Water Board.

Barnsley Corporation Waterworks.

Whitley Private Supply.

The Sheffield Corporation Supply is from impounding reservoirs. The water has natural acid characteristics which are suitably neutralised at the filter stations. The water is chloraminated after filtration and before discharge into the trunk mains. The purity of the supply is closely supervised by the Waterworks Laboratory Staff and it has not been considered necessary to take samples within the rural district for bacteriological examination.

Of the total of 12,122 dwellings on a mains supply, 10,107 are supplied from the Sheffield Corporation mains. The parts of the district so served are as follows :—Ecclesfield, Chapeltown, High Green, Grenoside and Thorpe Hesley in the Ecclesfield Parish ; Oughtibridge Wharncliffe Side, Wadsley, Loxley (part), Upper Midhope and Low Bradfield in the Bradfield Parish ; and the Warren and Westwood parts of the Tankersley Parish.

The Council's Hallbroom supply serves 1,324 of the remaining 2,015 dwellings on main supplies. The area of supply includes Stannington, Worrall, Loxley (part), Dungworth and Storrs. The supply is obtained from springs and a borehole, the proportions from each source varying according to the quantity of spring water available. The spring water is soft and has acid characteristics whilst the borehole water is fairly hard, the hardness being of a temporary nature. The characteristics of the supply vary according to the relative proportions of spring and borehole water used.

Regular samples have been taken during the year for bacteriological examination. The total number of samples taken from the waterworks and from dwellings on the supply was 71. The bacteriological reports on a number of samples from the spring supplies indicated surface pollution by faecal type coli organisms. The unsatisfactory samples coincided generally with heavy rainfall.

The gathering ground for the supply is protected but the installation of suitable chlorinating plant is a matter requiring early attention.

The Council's High Bradfield supply which serves 17 dwellings at High Bradfield is impounded spring water. 93 samples were taken during the year for bacteriological examination. Reports on a number of the samples indicated faecal contamination. Progress has been made in connection with the supply of Sheffield Corporation water to High Bradfield and it is anticipated that the existing supply will cease to be used in 1952.

The Wharncliffe Estates Company supply water in the Wortley and Tankersley Parishes. The total number of dwellings supplied from this source is 487. The water, which is obtained from an impounding reservoir, is soft and has acid characteristics. Suitable treatment is given at the filter house. Two samples were taken during the year and both were satisfactory.

The Dearne Valley Water Board supply 99 dwellings in the Hoyland Common and Birdwell parts of the Tankersley Parish. The water supplied is hard but 11 samples taken by Board officials within the rural district indicated in all cases satisfactory bacteriological condition.

The Barnsley Corporation supply is obtained from an impounding reservoir at Upper Midhope. Fifteen dwellings at Midhopestones and one at Wortley are supplied direct by the undertakers. A Council housing estate at Tankersley comprising 60 houses is also supplied from this source but by agreement through the Worsboro' U.D.C. mains. It was not considered necessary to sample this supply within the rural district during the year.

Twenty-nine dwellings in the hamlet of Whitley are supplied with impounded spring water. Two samples taken from the supply were satisfactory.

Nine samples were taken from five private supplies in connection with possible improvement schemes. Only two reports were entirely satisfactory. Arrangements are in hand for two of the houses involved to be connected to a mains supply.

Schemes for mains extensions to serve dwellings at Bright-holmlee, Folderings, Hollowmeadows, Skew Hill and Birley Edge have all made progress during the year.

Only small extensions of mains to meet new development within the district have been carried out during the year.

The overall percentage figure of 96·3% of all dwellings within the district on a mains supply is very satisfactory in view of the general character of the district. Completion of the proposed extensions already referred to will virtually leave only isolated properties without a mains supply.

Further details regarding the extent of the various mains supplies throughout the district are set out in the following table:—

DISTRICT	No. of Houses	No. on Main	Percentage on Main	Sheffield Corporation	Hall-Broom	Wharncliffe	Dearne	Barnsley	Whitley
Ecclesfield	4250	4242	97	4242	..	..	..	..	..
Chapeltown	2272	2263	99	2263	..	..	..	..	..
High Green	1017	1013	99	1013	..	..	..	..	..
Grenoside	961	915	95	886	..	..	..	..	29
Thorpe Hesley ..	159	158	99	158	..	..	..	..	..
ECCLESFIELD PARISH ..	8659	8591	99	8562	..	..	..	..	29
Wadsley	42	40	95	40	..	..	..	..	..
Worrall	322	315	98	24	291	..	..	..	..
Oughtibridge ..	816	764	93	763	1	..	..	..	..
Wharncliffe Side ..	344	317	92	317	..	..	..	..	..
Brightholmlee ..	32	..	..	..	..	..	..	..	..
Loxley	353	338	96	225	113	..	..	..	..
Stannington	809	786	97	..	786	..	..	..	..
Dungworth	113	103	91	..	103	..	..	..	..
Storrs	30	30	100	..	30	..	..	..	..
High Bradfield ..	69	17	25	17	..	..	..	..	..
Low Bradfield ..	113	28	25	28	..	..	..	..	..
Midhope	49	31	63	16	..	..	..	15	..
Hollowmeadows ..	48	..	..	..	..	..	..	..	..
BRADFELD PARISH ..	3140	2769	88	1430	1324	..	..	15	..
TANKERSLEY PARISH ..	596	594	99	115	..	320	99	60	..
WORTLEY PARISH ..	185	168	98	..	..	167	..	1	..
GRAND TOTALS ..	12580	12122	96	10107	1324	487	99	76	29

Sewerage and Sewage Disposal.

The total number of dwelling-houses discharging sewage to public sewers at the year end was 11,355, equivalent to approximately 90% of the total houses in the district.

The Council operate sewage works at Wharncliffe Side, Pilley, and Whitley, and the sewage from other parts of the district discharges into the Sheffield, Rotherham, Hoyland or Wortley sewerage systems.

Details of the disposal of sewage from the district is shown in the following table:—

District	No. of Houses	No. on Sewer	Percentage to Sewer	Disposal System						
				Sheffield	Whitley	Wharfedale Side	Pilley	Rotherham	Wortley	Hoyland
Ecclesfield ..	4250	4187	98	4187	..	..	..	..	..	..
Chapelton ..	2272	2242	99	2242	..	..	..	..	..	..
High Green ..	1017	999	98	999	..	..	..	..	..	..
Grenoside ..	961	878	91	864	14	..	..	..	..	..
Thorpe Hesley ..	159	150	94	..	..	..	..	150	..	..
ECCLESFIELD PARISH ..	8659	8456	98	8292	14	..	..	150	..	..
Wadsley ..	42	40	95	40	..	..	..	..	..	..
Worrall ..	322	290	90	290	..	..	..	..	..	..
Oughtibridge ..	816	751	92	751	..	..	..	..	..	..
Wharfedale Side ..	344	309	90	..	..	309	..	..	..	..
Brigholmlee ..	32	..	..	..	..	..	..	..	..	..
Loxley ..	353	236	67	236	..	..	..	..	..	..
Stannington ..	809	732	90	732	..	..	..	..	..	..
Dungworth ..	113	..	..	..	..	..	..	..	..	..
Storrs ..	30	..	..	..	..	..	..	..	..	..
High Bradfield ..	69	..	..	..	..	..	..	..	..	..
Low Bradfield..	113	..	..	..	..	..	..	..	..	..
Midhope ..	49	..	..	..	..	..	..	..	..	..
Hollowmeadows ..	48	..	..	..	..	..	..	..	..	..
BRADFELD PARISH ..	3140	2358	75	2049	..	309	..	..	..	..
TANKERSLEY PARISH ..	596	492	82	66	..	..	382	..	..	44
WORTLEY PARISH ..	185	49	26	..	..	..	..	..	49	..
GRAND TOTALS ..	12580	11355	90	10407	14	309	382	150	49	44

The Council's Wharncliffe Side Works are overloaded and consideration is being given to schemes to deal with the problem.

There were no large extensions of sewers in the district during the year.

The sewage from the 1,225 dwellings not connected to public sewers is dealt with by means of cesspools, septic tanks and filters, or by simple land treatment. The largest unsewered populated areas are at Howbrook in the Wortley Parish and Bradfield and Dungworth in the Bradfield Parish.

Refuse Collection and Disposal

GENERAL.

The total number of dwellings covered by the refuse collection service at the year end was 12,580. This figure is inclusive of the 116 dwellings in the Bradfield Parish which prior to the 1st April 1951 did not receive a service, together with new dwellings occupied for the first time during the year. The total shows an overall increase of 439 over the total at the end of 1950.

A service is also given to schools, hospitals, canteens, and other non-domestic premises throughout the district. The whole of the service is directly controlled by the Council.

Weather conditions during the year did not cause undue dislocation of the service and very few complaints were received.

Details of houses, sanitary conveniences, and refuse receptacles in use at the year end are set out in the following table:—

District	Houses	Houses using					Number of				
		Water Closets	Privies	Pail Closets	Ash Pits	Bins	Water Closets	Privies	Pail Closets	Ash Pits	Bins
Ecclesfield ..	4250	4199	48	3	51	4199	4109	39	3	37	4199
Chapelton ..	2272	2230	37	5	45	2227	2238	24	4	31	2239
High Green ..	1017	1006	10	1	22	995	910	10	3	17	995
Grenoside ..	961	875	78	8	96	865	884	61	9	67	871
Thorpe Hesley ..	159	146	13	..	26	133	110	10	..	13	133
ECCLESFIELD PARISH ..	8659	8456	186	17	240	8419	8251	144	19	165	8437
Wadsley ..	42	41	1	..	1	41	32	1	..	1	43
Worrall ..	322	297	24	1	25	297	311	17	1	18	297
Oughtibridge ..	816	749	65	2	76	740	663	50	2	46	740
Wharnciffe Side ..	344	313	31	..	32	312	405	31	..	32	312
Brightholmlee ..	32	3	27	2	30	2	2	24	1	27	2
Loxley ..	353	251	100	2	103	250	277	69	2	57	252
Stannington ..	809	735	73	1	80	729	695	63	1	62	730
Dungworth ..	113	24	88	1	88	25	27	68	1	56	25
Storrs.. ..	30	2	28	..	29	1	2	23	..	22	1
High Bradfield..	69	7	62	..	65	4	7	48	..	48	4
Low Bradfield ..	113	24	76	13	101	12	25	60	14	79	12
Midhope ..	49	4	29	16	45	4	4	23	16	34	4
Hollowmeadows ..	48	29	13	6	20	28	36	11	6	18	31
BRADFELD PARISH ..	3140	2479	617	44	695	2445	2486	488	44	500	2453
TANKERSLEY PARISH ..	596	530	64	2	77	519	562	60	2	59	519
WORTLEY PARISH ..	185	80	105	..	114	71	108	99	..	97	78
GRAND TOTALS ..	12580	11545	972	63	1126	11454	11407	791	65	821	11487

Collection.

As and from 1st April 1951, the collection service was extended to deal with all the dwellings in the district. As a result of the extension in the Bradfield Parish, collection rounds were re-organised and 2 additional loaders and 1 additional vehicle were required. Towards the year end, collection rounds in the Ecclesfield Parish were re-organised in order to reduce the size of the largest rounds and 1 additional loader and an additional vehicle were necessary for this alteration.

The frequency of collection aimed at was as follows :—

Bins and Pails in urbanised parts of district—weekly.

Bins and Pails in outlying parts of district—fortnightly.

Privy-middens in all parts of district—four to six weeks.

Except for short periods during prolonged inclement weather or coinciding with shortages of staff due to illness, this standard was generally maintained.

The staff employed on collection at the beginning of the year comprised 7 loader-drivers and 29 loaders.

A total of 41 men were employed during the year. Five new employees were engaged ; 1 employee left the service, and 1 died. At the end of the year 9 loader-drivers and 30 loaders were engaged on collection.

Disposal.

Disposal was carried out exclusively by tipping on sites as follows :—

Site	Owner	Refuse received from	Tip Men employed
1 Ecclesfield Sewage Disposal Works	Wortley R.D.C.	Ecclesfield, Colley Ward, Grenoside Ward (part)	1
2 Cowley Hill, Chapeltown	Messrs. Newton Chambers & Co. Ltd.	Thorpe Hesley, Chapeltown (part)	1
3 Westwood Bottom, High Green	Wortley R.D.C.	High Green, Tankersley (part), Chapeltown (part)	
4 Peafield Lane, Wortley	Wharnccliffe Estates Co.	Wortley	
5 Westwood New Road	Earl Fitzwilliam's Wentworth Estates Co.	Tankersley (part)	
6 Haggstones Road, Worrall	Wortley R.D.C.	Westnall Ward, Bradfield (part)	1
7 Long Lane, Worrall	Wortley R.D.C.	Stannington, Loxley, Bradfield (part)	

It is intended as soon as practicable to reduce the number of tipping sites to 3, as control of all the tips at present in use is difficult with limited labour resources. The lease in respect of the site at Cowley Hill, Chapeltown, expires during 1952, and the refuse at present deposited there will then be taken to Ecclesfield Sewage Disposal Works site, or Potter Hill. Peafield Lane is a small site and will not be replaced when completed. Potter Holes Plantation, Westwood New Road, is a larger site but is nearing completion and will not be replaced.

Tipping on the Potter Hill Recreation Ground is expected to commence in 1952 and refuse previously deposited at Westwood Bottom, Peafield Lane, and Westwood New Road will be tipped there. Westwood Bottom tip will cease to be used until the Potter Hill tipping is completed except during periods when weather conditions render satisfactory tipping at Potter Hill difficult. The acquisition of additional suitable land adjoining the Westwood Bottom tip will safeguard refuse disposal in that part of the district for a substantial number of years.

Compulsory acquisition of a tipping site at Loxley is nearing completion and this site will replace the Haggstones Road and Long Lane sites as and when they are filled.

The number of men employed on tip controlling at the year end was 3. Allowance has been made in the estimates for 1952/53 for this number to be increased to 5. Present disposition of tip labour is shown in the preceding table. A total of 10 men were employed on the tips during the year, seven new employees being engaged and seven leaving the service.

Transport.

The whole of the transport employed for refuse collection and disposal was mechanical, 10 petrol vehicles being utilised for the purpose. Nine of these vehicles were used full-time and one as a spare. One new Dennis 10 cu. yd. vehicle was delivered during the year but it was not possible to dispense entirely with the services of the vehicle it was intended to displace. All the new vehicles are of the double cab type providing ample cab accommodation for the largest teams.

Details and dispositions of vehicles in use at the year end are as follows :—

No.	Vehicle			District Served
	Make	Capacity	Year of Manufacture	
1	S. & D. Freighter ..	8·9 cu. yds.	1947	Ecclesfield & Thorpe Hesley.
2	S. & D. Freighter ..	8·9 cu. yds.	1947	Colley Ward (part), Ecclesfield Ward (part).
3	S. & D. Freighter ..	8·9 cu. yds.	1947	Colley Ward (part), Ecclesfield Ward (part), Grenoside Ward (part).
4	Dennis ..	8 cu. yds.	1950	Grenoside Ward (part), Chapelton Ward (part).
5	Dennis ..	10 cu. yds.	1951	Chapelton Ward (part).
6	Dennis ..	8 cu. yds.	1950	High Green, Tankersley Parish, Wortley Parish.
7	Dennis ..	8 cu. yds.	1949	Stannington, Dungworth, Loxley (part).
8	Dennis ..	8 cu. yds.	1943	Westnall Ward (part), Loxley (part).
9	Fordson ..	7 cu. yds.	1937	Bradfield Parish (outlying parts).
10	Fordson ..	7 cu. yds.	1937	Spare Vehicle.

Five of the above vehicles are garaged in open sheds at the Stone Yard, Grenoside, which are far from satisfactory for the purpose. The acquisition of a suitable site for the erection of garages to meet urgent needs and with a view to long term development ultimately as a central depot is a matter requiring early consideration.

Of the remaining five vehicles, three are garaged in premises owned by the Council and two occupy rented premises.

Protective Clothing.

Protective clothing is supplied as follows :—

Personal Issue—2 pairs of overalls per annum.

2 pairs gloves per annum.

1 overcoat (issued bi-annually).

Team Issue—2 pairs of gum boots per vehicle for use on privy work.

As proper depot facilities are not available, rudimentary portable washing facilities are supplied to each team in the form of bucket and soap ration.

Costing.

The nett cost of collection and disposal of refuse during the year ended 31st March 1951 was £17,503 17s. 2d. The substantial increase in the cost of the service was principally due to the acquisition of 2 new vehicles out of revenue at a cost of £2,110 and increases in the wages bill equivalent to approximately £1,000.

The following table gives relevant statistics and costs covering 1949, 1950, and 1951.

Refuse Collection and Disposal. Statistics and Costing.

Collection and Disposal of Refuse. Statistics and Costs.	Year		
	1951	1950	1949
Acreage of District 	48,697	48,697	48,697
Estimated Population * 	43,000	42,000	40,000
Number of Houses Scavenged 	12,580	12,141	11,831
Rateable Value of District 	£244,918	£237,054	£232,985
Product of 1d. Rate 	£952 3s.	£937 6s.	£889 1s.
Nett Cost of Collection and Disposal † 	£17,504	£13,747	£12,539
Nett Cost Equivalent Rate in the £ 	18·38d.	14·66d.	14·10d.
Estimated Yield of Refuse 	14,900 tons	14,500 tons	14,500 tons
Yield per 1,000 population 	19 cwt.	18·9 cwt.	19·86 cwt.
Cost per 1,000 population 	£407 1s. 4d.	£327 6s. 2d.	£313 9s. 8d.
Cost per head 	8s. 1½d.	6s. 6½d.	6s. 3d.
Cost per 1,000 houses 	£1,390 11s. 0d.	£1,132 5s. 7d.	£1,059 16s. 10d.
Cost per house 	£1 7s. 10d.	£1 2s. 8d.	£1 1s. 2d.
Cost per ton 	£1 3s. 6d.	18s. 11½d.	17s. 3½d.

NOTES. — * Population figure excludes 3,250 residents at Middlewood Mental Hospital.

† The nett cost of the service for 1951 includes the purchase of 2 new vehicles out of revenue at a cost of £2,110 and increases in wages equivalent to approximately £1,000. Income from salvage in excess of expenditure by baling, transport, etc., is not taken into account in calculating the nett cost of collection and disposal.

Provision of Dustbins.

A total of 221 new dustbins were provided during the year as follows:—

(a) **To replace defective dustbins:**

Council Houses	...	...	42
Sheffield Corporation Houses	...	...	6
Privately Owned Houses	...	...	119
			<hr/>
			167

(b) **To replace ashpits following privy conversions:**

Private Houses	...	...	53
Council Houses	...	...	1
			<hr/>
			54

The practice of serving formal notices under the provisions of Section 75 Public Health Act 1936 in respect of privately owned properties was continued during 1951. The adoption by the Council of Section 69 of the West Riding County Council (General Powers) Act 1951 will be of assistance in dealing with appeals against notices.

Eighty-six notices were served during the year. In 19 cases the notice was complied with; in 45 cases the Council provided bins in default of the person named in the notice, and in 3 cases appeals were heard in Court. One of the appeals was upheld and the hearing of the appeals in the other two cases was adjourned sine die.

Privy Conversions.

Rapid progress towards the elimination of all convertible privies and waste water closets was continued during 1951.

The numbers of conveniences dealt with during the year were as follows:—

42 privies replaced by water closets.

5 waste water closets replaced by water closets.

These replacements forming, as they have done, the final phase of the conversion programme, have presented difficult problems on account of critical sewer levels, etc., and the average cost has been rather high.

The total amount paid in contributions in respect of the replacements was £1,109 6s. 9d., the average contribution per convenience being £23 12s. 0d.

It was anticipated that the full programme would be completed by the year end but a few were outstanding although contracts had been allocated to cover the necessary works. In addition to the water closets provided to replace privies and waste water closets, 3 additional W.C's have been provided in association with conversions. A further 13 W.C's have been provided voluntarily by property owners to improve the sufficiency of sanitary accommodation.

Towards the year end a survey of dwellings in the district having insufficient sanitary accommodation was commenced with a view to subsequent formal action under the provision of Section 44 Public Health Act 1936.

Details of privy conversion work carried out during the year and the position at the year end are set out in the following table:—

Locality	Conveniences Converted		Replaced by No. of W.C's	Amount of Contribution			Additional W.C's provided	Privies, W.W.C's & Pails remaining	
	Privies	W.W.C's		£	s.	d.		Total	Convertible
Ecclesfield ..	2	..	2	64	10	0	11	42	Nil
Chapelton ..	8	1	10	258	10	1½	1	29	11 (8)
High Green ..	2	1	3	51	7	6	..	13	Nil
Grenoside ..	8	3	11	225	18	6	..	70	6 (6)
Thorpe Hesley ..	7	..	9	108	2	10	..	10	3 (3)
Stannington ..	4	..	4	123	18	6	..	64	Nil
Loxley ..	3	..	3	91	7	3½	..	71	3
Oughtibridge and Wharnccliffe Side..	2	..	2	49	13	6	..	83	Nil
Tankersley ..	5	..	5	115	8	6	..	62	Nil
Wortley ..	1	..	1	20	10	0	1	99	Nil
Rest of District ..	..	..	..	..	..	..	..	314	Nil
TOTALS ..	42	5	50	£1.109	6	9	13	857	23 (17)

NOTE.—Figures in brackets in the last column indicate the number of conveniences included in the associated figure which serve property recommended for slum clearance.

SALVAGE OF WASTE.

The year under review has been a record breaking one from the point of view of salvage recovery. Waste paper, the principal commodity salvaged, has been in good demand and the grade marketed by the Council reached the highest ever value of £16 per ton.

Scrap metal collection has also increased, the value of the lighter types of this commodity now making tip separation and transport to the disposal plant an economic proposition.

The total value of the salvaged paper, metal, rags and twine was £2,512. After deduction of expenses directly attributable to salvage, including a bonus paid to employees in the service, there was a surplus equivalent approximately to a twopenny rate.

Unfortunately any satisfaction derived from the success of the 1951 salvage campaign is very much tempered by the latest downward trend in the capacity of the waste paper market to absorb local authority collections and the overall outlook for 1952 is far from cheerful.

The following tables make comparison between the salvage effort of 1951 with that for 1950 and give an overall picture of the tonnage and value of commodities salvaged from the beginning of the campaign in 1939.

Commodity	Salvage Statistics, 1951						Salvage Statistics, 1950					
	Weight T. C. Q.			Value £ s. d.			Weight T. C. Q.			Value £ s. d.		
Paper (Council Coll.)	166	11	0	2363	4	8½	85	6	0	426	5	4½
Paper (Private Coll.)	—			—			39	13	1	—		
Scrap (Ferrous) ..	7	16	3	38	13	9	—			—		
Scrap (Tins) ..	21	14	3	53	19	6¼	—			—		
Bones	—			—			6	1		1	15	11½
Rags	2	1	1½	56	11	3	2	4	2½	40	9	6½
Bottles, Jars, Cullett	—			—			1	15	0	2	3	9
Twine	2¼			3		1½	—			—		
TOTALS	198	4	1¾	£2512	12	4½	129	5	0½	£470	14	7½

INCOME					EXPENDITURE			
Commodity	Quantity Sold			Amount Received	£	s.	d.	Source
	T.	C.	Q.					
Paper (Council Coll.)	1576	4	1½	10375	12	6¾		Wages .. 4600 4 8
Paper (Private Coll.) <i>a</i>	15	7	3	3	5	5¼		Materials.. 402 3 5
„ „ „ <i>b</i>	1153	12	1½	—				Machinery 46 19 5
Scrap (Ferrous) ..	176	15	3	448	3	11¼		Publicity .. 109 8 3
Scrap (Non-Ferrous) ..	5	2	3	185	1	8		Transport .. 1 9 6
Scrap (Tins) ..	128	0	0	53	19	6¼		Rental & Rates 51 19 1
Rags	81	3	1¾	1035	19	8		Total .. 5212 4 4
Bones	61	12	3½	267	7	7¾		Balance .. 7489 10 7
Bottles, Jars & Cullett	34	19	2¼	216	12	4½		
Rubber	9	13	1	24	3	2		
Twine	10	0¾		2	10	11¼		
Board of Trade Grant	—			88	18	0		
GRAND TOTALS ..	3243	2	1¼	£12701	14	11		

HOUSING.

New Development.

The total number of houses in the district at the year end was 12,580, compared with 12,257 at the end of 1951. The total number of new dwellings occupied during the year was 338 and the number of houses demolished or otherwise put out of use was 15, giving a nett increase of 323.

Further details of these changes are set out hereunder:—

New houses built in 1951 by Wortley R.D. Council ...	88
New houses built in 1951 by Sheffield Corporation ...	240*
New houses built in 1951 by private enterprise ...	10
Total new houses	338
Houses demolished or otherwise put out of use in 1951	15
Nett increase	323
Total houses at 31st December 1950	12,257
Total houses at 31st December 1951	12,580

* This figure includes 19 flats built over business premises and 1 dwelling used in connection with a public house.

The 88 houses built by the Council were sited as follows:—

District.	No. of Houses.
Chapeltown ...	12
Ecclesfield ...	34
Wharncliffe Side	42
	—
Total ...	88

All the houses were of the permanent traditional type.

The 240 houses built by Sheffield Corporation were sited on the Parson Cross Estate and bring the total dwellings on the part of the estate within the rural district to 2,912. The distribution of these dwellings between the three wards concerned is now as follows:—

Ward.	Dwellings built 1940 - 1950	Dwellings built 1951	Total Number of Dwellings
Ecclesfield ...	640	206	846
Colley ...	1,892	34	1,926
Grenoside ...	140	-	140
	—	—	—
Totals ...	2,672	240	2,912

The ten new houses built under licence by private enterprise are located as follows:—

District.	No. of Houses.
High Green ...	1
Grenoside ...	2
Tankersley ...	2
Stannington	2
Wharncliffe Side	2
Worrall ...	1
	—
Total ...	10

The complete picture of new development in 1951 is shown by the following table :—

District		Council	Sheffield Corpora- tion	Private Enter- prise	Totals
Chapeltown	...	12	...	...	12
Ecclesfield	...	34	206	...	240
High Green	...	...	...	1	1
Grenoside	...	...	...	2	2
Colley ...	...	...	34	...	34
Stannington	...	...	...	2	2
Wharncliffe Side...		42	...	2	44
Worrall	...	...	...	1	1
Tankersley	...	...	...	2	2
Totals	...	88	240	10	338

Housing Development since 1920.

During the period 1920/1951 the Council have been responsible for the erection, adaption or acquisition of 2,236 dwellings of the following types:—

Permanent Estate Houses	...	...	...	1,851
Prefabricated Permanent Bungalows	...	...	...	18
Prefabricated Temporary Bungalows	...	...	...	80
Adapted Hutments at Bracken Hill	...	...	...	127
Adapted Hutments at Potter Hill	...	...	...	118
Adapted Hutments at Worrall	...	...	...	6
House at Ecclesfield acquired under Housing Acts...				1
Adapted Dwelling at Grenoside	...	...	...	1
Hutments at Ecclesfield, Chapeltown, High Green, which are now either demolished or disused as dwellings	...	...	...	34
Total				2,236

The Council also control 7 other Houses at :—Ecclesfield Sewage Disposal Works (2), Tankersley Sewage Disposal Works (1), Glen Howe Park (1), and Caretaker's house at the Council Offices (1), and dwellings in Ecclesfield acquired in compulsory purchase orders (2).

During the same period private enterprise has been responsible for the erection of 2,241 houses.

Sheffield Corporation have erected 2,912 houses in the district since 1940 so that a total of approximately 7,300 of the 12,500 dwellings now occupied in the district have been erected within the last 31 years and can be assumed to comply reasonably with modern standards.

Further details of the localisation of these houses is shown in the following table:—

Locality	Houses Erected by				Total Built since 1920	Total Houses in Locality	Percentage of Total Built since 1920
	Wortley R.D.C.		Sheffield Corporation	Private Enterprise			
	Permanent	Temporary					
ECCELSFIELD PARISH.							
Ecclesfield ..	344	20	846	415	1625	2324	69
Colley ..	..	..	1926	..	1926	1926	100
Chapelton }	436	151	..	} 430	1476	3299	45
High Green }	341	118	..		338	961	61
Grenoside ..	110	..	140	6	6	159	4
Thorpe Hesley ..	..	..	..	
BRADFIELD PARISH.							
Oughtibridge ..	154	..	..	234	388	816	47
Worrall ..	38	6	..	167	211	322	66
Stannington ..	110	20	..	393	523	809	65
Loxley ..	86	10	..	57	153	353	43
Dungworth ..	8	..	..	4	12	113	11
Wadsley..	..	..	..	5	5	42	12
Wharnccliffe Side ..	110	..	..	80	190	344	55
Other Parts of Parish ..	..	..	..	38	38	341	11
TANKERSLEY PARISH	132	6	..	63	201	596	34
WORTLEY PARISH ..	..	..	..	11	11	185	6
TOTALS ..	1869	331	2912	2241	7353	12580	59

Housing Repairs, Slum Clearance and Overcrowding.

Number of dwellinghouses in district	...	...	...	12,580
Number of back-to-back houses included in above...	...	...	...	225

1. Inspection of dwellinghouses during the year.

(1). (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	...	189
(b) Number of inspections made for the purpose	...	620
(2). (a) Number of dwellinghouses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	...	9
(b) Number of inspections made for the purpose	...	27
(3). Number of dwellinghouses needing further action :—		
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	9
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	... ..	180

2. Remedy of defects during the year without service of formal notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	160
--	--------	-----

3. Action under Statutory Powers during the year.**A. Proceedings under Sections 9, 10 and 16, Housing Act 1936.**

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	... ..	6
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—		
(a) By owners	... ..	6
(b) By Local Authority	... ..	—

B. Proceedings under Public Health Acts.

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	...	13
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :		
(a) By owners	... ..	12
(b) By Local Authority in default of owners	...	—

**C. Proceedings under Sections 11 and 13 of the
Housing Act 1936.**

(1) Number of representations, etc., made in respect of dwellinghouses unfit for habitation	... ..	9
(2) Number of dwellinghouses in respect of which Demolition Orders were made	... ..	2
(2a) Undertakings accepted by Council	... ..	7
(3) Number of dwellinghouses demolished in pursuance of Demolition Orders	... ..	Nil

At the year end there were 39 occupied houses the subject of demolition orders, closing orders, or undertakings, and 37 vacant houses covered by operative clearance or demolition orders. Disposition of slum clearance houses is shown in the following table:—

Locality	Existing Houses Condemned		No. of Houses Occupied	No. of Houses Vacant
	A. Before 1940	B. After 1940		
Ecclesfield ...	3	14	14	3
Chapelton...	...	14	9	5
High Green ..	3	8	2	9
Grenoside ...	7	5	3	9
Howbrook ...	...	1	1	...
Oughtibridge	4	2	2	4
Worrall ...	3	...	1	2
Wharnccliffe Side	...	2	...	2
Stannington	1	6	6	1
Loxley ...	...	1	1	...
Hollowmeadows	1	...	...	1
Bradfield ...	1	...	...	1
Totals ...	23	53	39	37

4. Housing Act 1936 - Part IV - Overcrowding.

(a) (1)	Number of dwellings overcrowded at the end of the year	17
(2)	Number of families dwelling therein	21
(3)	Number of persons dwelling therein	127
(b)	Number of new cases of overcrowding reported during the year	11
(c) (1)	Number of cases of overcrowding relieved during the year	8
(2)	Number of persons concerned in such cases	70

The progress in respect of overcrowding in the district since the overcrowding survey was carried out in 1946 is illustrated by the following table:—

Locality	Over-crowded Houses at May 1946	Additional Cases to Dec. 1949	Abated 1946 to 1949	Out-standing at Dec. 1949	New Cases in 1950	Abated in 1950	Out-standing at Dec. 1950	New Cases in 1951	Cases Abated in 1951	Out-standing at Dec. 1951
Chapelton	24	7	27	4	..	3	1	3	..	4
High Green	15	4	15	4	..	3	1	3	1	3
Ecclesfield	12	3	11	4	2	2	4	2	2	4
Grenoside	17	1	16	2	..	..	2	..	..	2
Thorpe Hesley	2	..	1	1	..	1	..	1	..	1
Tankersley	12	..	12	..	1	1	..	..	..	..
Wortley ..	1	..	1	..	..	..	..	..	..	..
Wadsley } Worrall }	4 } 2 }	..	5	1	..	1	..	..	..	..
Oughtibridge	8	6	9	5	1	3	3	..	2	1
Wharnccliffe Side	1	..	1	..	1	..	1	..	1	..
Midhope ..	3	..	3	..	..	..	..	..	..	..
Loxley ..	3	2	3	2	..	2	..	..	..	..
Bradfield..	1	..	1	..	..	..	..	..	..	..
Stannington	8	3	8	3	..	1	2	..	..	2
TOTALS	113	26	113	26	5	17	14	9	6	17

5. Housing Act 1949.

Action in connection with Section 20 — “Grants to persons other than local authorities for improvement of housing accommodation.”

Number of Applicants ... 4.

Number of Grants ... Nil.

MOVEABLE DWELLINGS.

During the year the Council considered 10 applications as follows:—

Licences for Sites ... 2.

Licences for Dwellings ... 8.

Both applications for licences to use land as sites for moveable dwellings were refused. All applications for licences to station and use moveable dwellings within the district were granted for a period of 12 months.

There were no appeals to the magistrates against refusal of licences. The total number of visits made in connection with moveable dwellings was 250.

The number and disposition of moveable dwellings in the district at the year end is shown in the following table:—

Parish	Situation	Total No. of Dwellings	Type of Dwelling		
			Trailer	Van	Shed
Bradfield	Upper Midhope ..	1	..	..	1
	Hollowmeadows ..	44	22	3	19
	Low Bradfield ..	3	..	2	1
	High Bradfield ..	8	..	1	7
	Bradfield Dale ..	5	..	1	4
	Worrall ..	7	3	..	4
	Loxley and Holdsworth ..	3	..	..	3
	Stannington ..	5	3	..	2
	Dungworth ..	20	..	2	18
	Ughill ..	13	..	2	11
	Oughtibridge, Wharncliffe Side & Brightholmlee	7	4	1	2
	Folderings ..	5	..	2	3
	Ewden Valley ..	2	..	..	2
Ecclesfield	Ecclesfield ..	2	2	..	..
	Thorpe ..	1	1	..	..
	Chapelton ..	2	2	..	..
	High Green ..	..	..	..	..
	Grenoside ..	3	1	1	1
Tankersley	Tankersley ..	4	1	3	..
Wortley	Wortley ..	1	..	..	1
	TOTALS ..	136	39	18	79

VERMINOUS PREMISES.

During the year 371 visits were made to 312 premises within the district in connection with inspections for and eradication of insect pests. The principal insects dealt with were cockroaches and bed bugs. Periodical treatments of the Council's refuse tips were also carried out during the summer months in connection with the eradication of crickets and flies. Close supervision of insect infestation in Council houses has also been maintained, particular attention being paid during changes of tenancy. Appropriate treatment of dwellings and furniture was carried out as found necessary.

Details of visits and treatments carried out are shown in the following table:—

Ward	Houses Inspected		Total Visits		Houses Verminous			Treatment by	
	Council	Private	Council	Private	Bugs	Cock-roaches	Other Insects	Council	Private
Chapeltown	32	11	42	13	1	12	..	11	2
High Green	41	5	58	4	..	16	1	17	..
Ecclesfield	49	36	64	36	8	8	5	21	1
Colley ..	..	23	..	24	1	..	..	..	1
Grenoside ..	7	5	7	5	..	..	..	..	..
Tankersley	14	4	15	4	..	..	1	1	..
Wortley ..	..	..	..	..	..	..	..	..	..
Westnall ..	36	41	48	43	4	9	1	14	..
Stannington	4	4	4	4	..	..	..	..	..
Loxley ..	..	..	..	..	..	..	..	..	..
TOTALS ..	183	129	238	133	14	45	8	64	4

The use of D.D.T. as a toxic agent continues to give very satisfactory results against bed bugs, and the eradication of these pests is now a comparatively simple matter.

The treatment of complete blocks of Council houses where cockroach infestations occur continues to give satisfactory results. The number of return visits necessary after block control treatment is very small. Gammexane is the principal agent used against cockroaches and powder is disseminated by means of a rotary blower. The use of a knapsack type pneumatic spray for liquid insecticides and the rotary blower for powder insecticides has considerably reduced the time required to deal with infestations.

The operational part of the service has been carried out by the Council's operative in a most efficient manner.

DESTRUCTION OF RATS AND MICE.

During the year a total of 1,599 visits has been made in connection with the destruction of rats and mice within the district. 929 of these visits have been made in connection with the baiting of sewers.

The third and fourth maintenance treatments of the sewers were carried out in accordance with the Ministry of Agriculture and Fisheries recommendations. Infestations were noted in the Ecclesfield, Colley, Chapeltown, High Green, Grenoside, Oughtibridge, Stannington and Wortley sewerage systems and poisoning was carried out accordingly. Infestations were not heavy. Poisons used for this purpose were zinc phosphide and arsenious oxide.

Surface premises treated included tips, salvage depots, sewage disposal works, schools, canteens, private business premises, and dwellinghouses. A total of 187 premises were inspected, 159 of which were found to be infested. Localisation of premises infested is shown in the following table:—

Ward	Premises Inspected and Treated	Total Visits
Chapelton ..	32	119
High Green ..	8	35
Ecclesfield ..	34	148
Colley ..	38	169
Grenoside ..	16	70
Tankersley ..	7	31
Wortley ..	3	11
Westnall ..	10	35
Stannington ..	5	24
Loxley ..	6	28
TOTALS ..	159	670

Treatment against rats was confined to poisoning, zinc phosphide, arsenious oxide, A.N.T.U., red squill, and Warfarin being used with baits consisting of sausage rusk, bread mash, and flour meal.

Poisoning was also found to be the most satisfactory method of eradicating mice. Where this method could not be adopted trapping was substituted. Sugar meal and biscuit meal are used as baits for mice.

Warfarin is a new rodenticide and shows very great promise. It is particularly useful against mice and can be used with a greater degree of safety than some of the other available poisons.

Treatments of private houses were carried out free of charge. Charges in respect of treatment of business premises were made on a time and materials basis. The Ministry reimburse the Council in respect of 50 per cent of the nett cost of the service.

The operational side of this service is carried out by the Council's rodent operative in a conscientious and efficient manner.

The Council are now required to submit an Annual Report to the Ministry of Agriculture and Fisheries in connection with rodent work. A copy of the report for 1951 is set out hereunder.

		Local Authority	Type of Property			
			Dwelling-houses	Agri-cultural	All other (including Business & Industrial)	Total
1	Total number of properties in Local Authority's District .. (Notes 1 and 2)	20	12,580	386	558	13,544
2	Number of properties inspected by the Local Authority during 1951 as a result of (a) notification or (b) otherwise (Notes 1, 2 and 3)	(a) ..	79	..	1	80
		(b) 38	42	..	27	107
3	Number of properties (under 2) found to be infested by rats (Notes 1, 2 and 3)	Major ..	..	..	..	..
		Minor 18	71	..	7	96
4	Number of properties (under 2) found to be seriously infested by mice (Notes 1, 2 and 3) ..	1	32	..	21	54
5	Number of infested properties (under 3 and 4) treated by Local Authority (Notes 1, 2 and 3)	19	103	..	28	150
6	Number of notices served under Section 4 :—					
	(1) Treatment .. ..	..	..	..	..	..
	(2) Structural Works (i.e., Proofing) ..	..	..	..	..	..
	Total .. ..	..	..	..	..	..
7	Number of cases in which default action was taken by Local Authority following issue of notice under Section 4	..	..	..	..	..
8	Legal Proceedings .. ..	..	..	..	..	..
9	Number of "block" control schemes carried out.. ..	Nil				

DISINFECTION.

During the year, 70 visits have been made by the Council's Sanitary Inspectors in connection with the preparation of reports on the following cases of infectious disease :—

Scarlet Fever	...	41
Poliomyelitis	...	9
Dysentery	...	14
Diphtheria	...	3
Food Poisoning	...	2
Para-Typhoid	...	1

Disinfection was carried out as was found necessary.

NUISANCES.

During the year, 564 visits were made for the detection and abatement of nuisances and supervision of work in progress. Visits in connection with nuisances involving housing repairs are not included in this figure, having already been accounted for in the part of the report dealing with housing.

The number of nuisances reported during the year was 146, which together with 4 outstanding from 1950 made a total of 150 requiring abatement. The number abated in 1951 was 145, leaving 5 outstanding at the year end. 85 informal and 2 statutory notices were served, of which 80 and 2 respectively were complied with.

It was not necessary to take court action in respect of nuisances during the year. The 146 nuisances reported during the year comprised :—

Choked and defective drains	...	78
Defective sanitary conveniences	...	28
Nuisances from keeping of animals	...	10
Defective or leaking cesspools	...	6
Offensive accumulations or deposits	...	4
Smoke nuisances	...	4
Miscellaneous	...	16
Total	...	146

The arrangement whereby choked drains on privately owned properties are cleansed by a Council workman at a nominal charge has worked very satisfactorily, resulting in early abatement of nuisances requiring expeditious treatment. A standard charge of 7/6 has been fixed.

ATMOSPHERIC POLLUTION.

The number of smoke observations carried out during the year was 24. In 4 cases there was excessive emission of smoke and the management was interviewed in each case. It was not found necessary to serve formal notices in respect of these installations.

In December 1950, atmospheric pollution recording equipment was installed in the district by arrangement with the County Medical Officer. The equipment comprised :—

- (a) Smoke Filter apparatus which was installed at Mortomley Hall.
- (b) Atmospheric Deposit Gauge installed at Hallwood Hospital.
- (c) Lead Peroxide Gauge installed at Hallwood Hospital.

The purpose of each type of apparatus is as follows :—

Smoke Filter.

This apparatus measures the quantity of fine suspended matter in the atmosphere by drawing through a filter paper approximately 80 cu. ft. of air in 24 hours. The filter paper is changed each day and the stain produced on the paper is compared with standard scales which give a reading in milligrammes of suspended matter per cubic metre of air filtered.

This apparatus requires regular daily attention and owing to difficulties in maintaining the necessary supervision the apparatus has now been re-installed in the Health Department at the Council Offices.

Atmospheric Deposit Gauge.

This gauge collects the heavier suspended particles in the atmosphere. The particles as they settle out of the air are collected in a glass bowl which is connected by means of a funnel to a glass storage bottle. The bottle is replaced monthly and rainwater from the bottle is used to wash off particles adhering to the sides of the bowl at the time of collection. The washings are returned to the storage bottle. Results are expressed in terms of tons per square mile.

Lead Peroxide Gauge.

This apparatus is intended to measure the quantity of sulphur present in the atmosphere. A lead peroxide coated candle of 100 sq. cms. area is exposed to the atmosphere in a protective casing with louvred vents. At the month end the candle is removed and the quantity of sulphur tri-oxide measured. Results are expressed in terms of milligrammes of sulphur tri-oxide collected per 100 sq. cms. of exposed lead peroxide per day.

Monthly records from each gauge for the year are set out hereunder:—

Month	Smoke Filter.		Deposit Gauge.	Lead Peroxide Gauge.
	Average Daily Filtrate.		Monthly Deposit.	Average Daily Concentration.
	mg / m ³		Tons per sq. mile	mg SO ₃ /100 cm.
January ..	0·218		9·48	1·78
February ..	0·216		10·44	0·82
March.. ..	0·193		12·96	0·86
April	0·114		8·10	0·61
May	0·099		13·81	0·92
June	0·071		8·91	0·56
July	0·049		4·97	0·37
August	No record		10·67	0·42
September ..	No record		8·47	0·62
October	No record		9·10	1·13
November ..	0·151		15·01	1·02
December ..	0·185		10·60	0·60

FACTORIES ACTS 1937 / 48.

The number of factories in the district at the year end was 91 and the number of visits made was 115. There were 2 outworkers in the district.

Informal action was taken in respect of non-compliance with the sanitary provisions of the Act in 7 cases. There were 6 notices outstanding from 1950 and the total number of notices complied with during the year was 9.

The service of formal notices in respect of lack of sanitary accommodation at 2 factories was approved at the year end.

Localisation and classification of factories is shown in the following table:—

Location	Total Factories	Classification			Trade Classification												
		Power	No Power	Special	Motor Eng.	Gen. Eng.	Forging and Rolling	Fireclay	Food Prep.	Joinery	Foundries	Cinemas	Boot Repairs	Coal By-Products	Masonry	Building Contractors	Others
Ecclesfield ..	23	17	1	5	3	7	2	..	2	1	1	1	..	..	..	4	2
Chapelton ..	19	16	..	3	1	2	..	..	3	1	3	1	2	1	1	3	1
High Green ..	4	4	..	..	1	..	1	..	1	..	..	1	..	..	..	..	..
Grenoside ..	4	4	..	..	1	1	..	..	1	1	..	..	..	..	..	..	..
Tankersley ..	7	6	..	1	1	1	..	..	..	1	..	..	..	2	..	..	2
Wortley ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Stannington..	9	9	..	..	2	1	1	4	1	..	..	..	..	..	..	..	..
Oughtibridge	14	11	1	2	2	..	4	1	..	1	..	..	1	..	..	2	3
Loxley ..	8	8	..	..	..	..	4	4	..	..	..	..	..	..	..	..	..
Bradfield ..	2	2	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Totals ..	91	78	2	11	11	12	12	10	8	5	4	3	3	3	1	9	10

SHOPS ACTS 1912 / 1950.

There were 112 shops on the register at the year end and the 115 visits paid indicated that they complied with the requirements of the Acts in relation to the matters administered by the Council. Negotiations are in progress for the transfer of additional duties from the County Council to the District Council.

WEST RIDING COUNTY COUNCIL (GENERAL POWERS) ACT 1951.

Consideration was given by the Council to the adoptive provisions of the above Act and twenty sections giving additional powers in respect of sanitary and other health matters were adopted.

SUPERVISION OF FOOD PREPARATION, SALE AND DISTRIBUTION.

Milk.

The number of registered milk distributors operating in the district at the year end was 31.

The number of dairies registered was 6, and 24 visits were made during the year.

Licences in respect of the sale of milk under special designations were issued as follows :—

Special Designation	Licences Issued	
	Dealer	Supplementary
Tuberculin Tested	22	7
Pasteurised	23	8
Sterilised	2	3
Accredited .. ..	..	..

During the year 6 samples of ungraded milk were taken for examination by the methylene blue test and all were satisfactory.

Twenty-three samples were taken for examination for tubercle bacilli. In 3 cases positive evidence of tubercle infection was found and appropriate notices were served under the provisions of Regulation 20, Milk and Dairies Regulations 1949. Notices were also served by the Medical Officer of Health for Sheffield in respect of 3 positive samples taken by the Sheffield Health Department from farmer retailers operating in Sheffield from farms in this district.

The demand for bottled designated milks continues to increase. Although additional areas in the country have been declared to be "specified areas", Sheffield and the surrounding districts have not yet been included and hand-can deliveries continue to be made.

Ice Cream.

There were 49 premises registered at the year end for the storage and sale of ice cream. Three of these establishments were also registered for the manufacture of the commodity.

Ninety-four inspections of the premises were made during the year and conditions were found to be generally satisfactory.

Reports in respect of the 11 samples taken for bacteriological examination were as follows:—

Total No. of Samples	Provisional Grade			
	1	2	3	4
11	6	2	3	...

Subsequent samples taken from unsatisfactory sources proved to be satisfactory.

This bacteriological standard, which is based on the time factor in the reduction of methylene blue, is not a statutory one but is provisionally recommended as an indication of clean production methods by the Public Health Laboratory Service.

Meat.

Meat sold for human consumption in the district is slaughtered at the Regional Abbatoir of the Ministry of Food in Sheffield. The slaughtering of animals under the provisions of Food Circular F.I.G. 107 (Individual Self Suppliers of Meat) continued during the year and 193 pig carcasses and organs were inspected after slaughter. This number does not represent the full extent of pig slaughtering in the district as owing to the scattered nature of the district and irregular hours of slaughter it was found impracticable to examine all slaughtered.

There was apparently a further decline in the number of pigs slaughtered for home consumption, no doubt due to the high cost of feeding stuffs and also to the attractive prices offered by the Ministry for bacon pigs.

Very little disease was found in the carcasses and organs examined.

A substantial number of animals slaughtered are dealt with in approved slaughterhouses. The use of mechanical stunners is encouraged. At the year end there were 55 licensed slaughtermen.

180 visits were made to the 35 butchers' shops in the district and conditions were found to be generally satisfactory. Although the issue of licences for improvements to butchers' shops have been strictly controlled, progress has been made in dealing with those in most need of improvement.

It was not necessary to seize any meat under the provisions of the Food and Drugs Act during the year.

Other Foods.

420 inspections were made of bakehouses, fried fish premises, grocers and other food shops during the year. Requests were received for inspection of a variety of foodstuffs of which approximately $6\frac{1}{2}$ cwts. were found to be unfit for human consumption. Details are set out hereunder :—

262 lbs. tinned Ham.
 32 tins Processed Meats.
 12 lbs. Sausage.
 16 tins Fish.
 2 tins Crab.
 1 jar Fishpaste.

Other Foods—*continued*.

- 67 $\frac{3}{4}$ lbs. Cheese.
- 34 tins Milk.
- 85 tins Tomatoes.
- 10 tins Peas.
- 2 tins Carrots.
- 18 tins Mixed Vegetables.
- 4 tins Soup.
- 62 tins Plums.
- 6 tins Pears.
- 5 tins Oranges.
- 2 tins Peaches.
- 3 tins Pineapple.
- 3 tins Apple Juice.
- 2 tins Apricot.
- 2 tins Fruit Salad.
- 1 tin Grapes.
- 16 tins Blackberries.
- 2 tins Raspberries.
- 1 tin Blackcurrants.
- 1 tin Strawberries.
- 6 jars Jam.
- 3 jars Marmalade.
- 3 jars Lemon Cheese.
- 7 jars Mincemeat.
- 2 Plum Puddings.
- 7 bottles Sauce.
- 1 jar Sweet Pickles.
- 7 jars Pickled Walnuts.
- 28 lbs. Cake.
- 5 Swiss Rolls.
- 3 packets Sponge Mixture.
- 80 Marshmallow Cakes.
- 11 lbs. Oatmeal.

Food Hygiene.

The Council have adopted byelaws in relation to Food Handling, Wrapping, Delivery and Sale in the Open Air.

A display notice requesting the exclusion of dogs from food shops was distributed to all food shops in the district. The response from shopkeepers was highly satisfactory. Details of the various types of food shops in the district are set out in the following table:—

Locality	Trade Classification										Total
	Butchers	Bakehouses	Fried Fish	Grocers	Wet Fish and Vegetables	Ice Cream (Sale)	Ice Cream (Manufacture)	Cafes	Sweets	Licensed Premises	
Ecclesfield	11	4	8	23	6	15	1	..	9	12	89
Chapeltown	9	6	6	34	8	10	..	2	7	19	101
High Green	2	1	5	19	3	6	1	..	3	9	49
Grenoside	3	1	2	8	2	3	..	..	..	6	25
Thorpe Hesley ..	..	..	..	1	1	..	..	..	..	2	4
ECCLESFIELD PARISH	25	12	21	85	20	34	2	2	19	48	268
Oughtibridge ..	3	..	1	17	1	4	..	..	..	8	34
Wharnccliffe Side ..	..	..	1	4	1	1	..	..	1	2	10
Loxley	1	..	..	5	..	2	..	..	..	3	11
Stannington } ..	4	1	1	12	1	1	..	..	..	8	28
Dungworth											
Storrs											
Worrall .. ..	..	..	1	5	..	2	..	..	..	2	10
Rest of Bradfield ..	..	..	..	4	..	1	..	1	2	7	15
BRADFELD PARISH ..	8	1	4	47	3	11	..	1	3	30	108
TANKERSLEY PARISH	2	..	2	8	..	1	1	..	..	3	17
WORTLEY PARISH ..	..	..	..	3	..	..	..	..	..	2	5
TOTALS	35	13	27	143	23	46	3	3	22	83	398

LICENSED PREMISES.

A survey of sanitary accommodation and glass washing facilities provided at the 83 public houses and other licensed premises in the district was carried out during the year. The following provisional standards were used as a basis for classification of the standard of accommodation provided :—

Sanitary Accommodation at Public Houses and similar Licensed Premises.

Class A. All conveniences having internal access from Public House and consisting of at least :—

- 1 sanitary convenience exclusively for family of occupants.
- 1 sanitary convenience plus urinal exclusively for male customers.
- 2 sanitary conveniences exclusively for female customers.

Class B. Access to accommodation is wholly or partly external and consists of at least :—

- 1 sanitary convenience exclusively for family of occupants.
- 1 sanitary convenience plus urinal exclusively for male customers.
- 1 sanitary convenience exclusively for female customers.

Class C. Less than 'A' or 'B', i.e., insufficient accommodation to provide separate facilities for male and female patrons and the occupier's family.

Washing Facilities.

Class 1. Sink fitted in bar complete with both hot and cold water.

Class 2. Sink in bar without having both hot and cold water.

Class 3. No permanent facilities fixed in bar at all.

Application of these standards gives the following overall picture:—

District	No. of Premises	Sanitary Accommodation Classification			Washing Facilities Classification		
		A.	B.	C.	1.	2.	3.
Grenoside	6	..	2	4	4	..	2
Ecclesfield	11	1	8	2	11	..	..
Colley	1	1	..	..	1	..	..
Chapelton	19	1	15	3	15	2	2
High Green	9	1	7	1	9	..	..
Wortley	2	..	2	..	1	1	..
Tankersley	3	..	3	..	2	..	1
Thorpe Hesley ..	2	..	1	1	2	..	..
Oughtibridge ..	8	..	6	2	6	..	2
Wharnccliffe Side ..	2	..	2	..	2	..	..
Worrall	2	..	2	..	2	..	..
Hollowmeadows ..	1	..	1	..	..	1	..
Loxley	3	..	2	1	2	..	1
Stannington	5	..	1	4	3	..	2
Little Matlock ..	1	..	..	1	1	..	..
Bradfield	5	..	1	4	2	..	3
Dungworth	2	..	1	1	1	..	1
Midhope	1	..	1	..	..	..	1
TOTALS	83	4	55	24	64	4	15

Licences for improvements to licensed premises are still strictly controlled and the improvement work which breweries are anxious to carry out is thereby limited.

